

June 2007

SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT SUBMISSION

for

Evaluation of the Parents Speak Up National Campaign

(Formerly Entitled Evaluation of the National Abstinence
Media Campaign)

Prepared for

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Table of Contents

Section	Page
A. Justification.....	1
1. Need and Legal Basis.....	1
2. Information Users.....	4
3. Use of Information Technology.....	5
4. Duplication of Similar Information.....	5
5. Small Businesses.....	6
6. Less Frequent Collection.....	6
7. Special Circumstances.....	7
8. <i>Federal Register</i> Notice/Outside Consultation.....	8
9. Payment/Gift to Respondents.....	8
10. Confidentiality.....	10
11. Sensitive Questions.....	11
12. Burden Estimate (Total Hours & Wages).....	12
12A. Estimated Annualized Burden Hours.....	13
12B. Estimated Annualized Cost to Respondents.....	14
13. Capital Costs (Maintenance of Capital Costs).....	15
14. Cost to Federal Government.....	15
15. Program or Burden Changes.....	15
16. Publication & Tabulation Dates.....	15
17. Expiration Date.....	20
18. Certification Statement.....	20
B. Collection of Information Employing Statistical Methods.....	20
1. Respondent Universe and Sampling Methods.....	20
2. Procedures for the Collection of Information.....	22
3. Methods to Maximize Response Rates and Deal with Nonresponse.....	26
4. Tests of Procedures or Methods to be Undertaken.....	28
5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data.....	30

Appendices

A. Public Law 108-447/ HR 4818-326, Consolidated Appropriations Act, 2005.....	27
B. Efficacy Evaluation Data Collection Materials.....	30
C. <i>Federal Register</i> Notice to the Public.....	78
D. RTI Institutional Review Board Approval Notice.....	81
E. Informed Consent Form and Study Descriptions Provided to Respondents.....	83
F. Knowledge Networks Security Procedures.....	87
G. E-mail Notifications.....	94
H. PSUNC Efficacy Study Exposure Protocol.....	99
I. Knowledge Networks Panel Recruitment Methodology.....	101

List of Exhibits

Number		Page
1.	Evaluation Research Questions.....	2
2.	Parents Speak Up National Campaign Evaluation Stakeholders.....	7
3.	RTI/Knowledge Networks Studies Involving Adult Respondents Receiving Incentives and Corresponding Response Rates.....	8
4.	Description of Sensitive Questions, Justification for Inclusion, and Use of Data...	9
5.	Total Burden Hours.....	10
5a.	Total Burden Wages.....	11
6.	Annualized Burden Hours, Year 1.....	11
6a.	Annualized Burden Hours, Year 2.....	12
7.	Annualized Cost, Year 1.....	12
7a.	Annualized Cost, Year 2.....	13
8.	Logic Model for the Parents Speak Up National Campaign.....	14
9.	Study Hypotheses.....	15
10.	Parents Speak Up National Campaign Evaluation Analyses.....	16
11.	Time Schedule for the Entire Project	17
12.	Numbers of Parents.....	20
13.	Study Design and Experimental Conditions.....	23
14.	Pilot Test Responses to Questions About Survey Instrument.....	24

This document provides a Supporting Statement to accompany a request for approval of collection of information for the Evaluation of the Parents Speak Up National Campaign (PSUNC). This collection was originally entitled the Evaluation of the National Abstinence Media Campaign (NAMC).

A. Justification

This section provides detailed justification for the request for approval of collection of information for the Evaluation of the Parents Speak Up National Campaign.

1. Need and Legal Basis

This program is authorized by Section 301(a) of the Public Health Service Act (42 U.S.C. 241(a), as amended). The Parents Speak Up National Campaign is a \$10 million effort to encourage and help parents talk early and often to their pre-teens and teens about waiting to have sex. Funds for the Parents Speak Up National Campaign were made available under the authority provided in Public Law 108-447/ HR 4818-326, Consolidated Appropriations Act, **(Appendix A)**. The campaign will include public service announcement (PSA)-type spots and print advertisements, as well as guide parents to a Web site, 4parents.gov. This Web site provides information to parents of pre-teens and teens on sex, sexual development, and parenting. The campaign's primary target audience is parents of pre-adolescent and adolescent children.

The evaluation is designed to determine the efficacy of the Parents Speak Up National Campaign's (PSUNC) public service announcements and their messages. This study will be conducted using the Knowledge Networks panel, a large online panel of the United States population. The Knowledge Networks panel has been used for a number of other similar studies, including studies led RTI. **Exhibit 1** lists a selection of prior OMB-approved studies that have used the Knowledge Networks online panel.

Exhibit 1. Selected OMB Approved Studies Using the Knowledge Networks Online Panel

Principal Investigator	Organization Affiliation	Project Name	Funding Agency	OMB Approval Number	OMB Approval Date
Carol Prindle and Paul Mowery	RTI International	Reactions to Canadian Style Cigarette Warning Labels	Center for Disease Control	0920-0565	8/19/2002
George L Van Houtven	RTI International	Estimating the Value of Improvements to Coastal Waters - A Pilot Study of a Coastal Valuation Survey	Environmental Protection Agency	2090-0024	1/22/2004

Principal Investigator	Organization Affiliation	Project Name	Funding Agency	OMB Approval Number	OMB Approval Date
George L Van Houtven	RTI International	Eliciting Risk Tradeoffs for Valuing Fatal Cancer Risks	Environmental Protection Agency	2060-0502	2/19/2003
Kip Viscusi	Harvard University, Law School	Water Quality in America Pretest Round 1	Environmental Protection Agency	2010-0031	Oct-02
Kip Viscusi	Harvard University, Law School	Water Quality in America Pretest Round 2	Environmental Protection Agency	2010-0031	Feb-03
Kip Viscusi	Harvard University, Law School	Water Quality in America Pretest Round 3	Environmental Protection Agency	2010-0031	Apr-03
Kip Viscusi	Harvard University, Law School	Water Quality in America Main Interview	Environmental Protection Agency	2010-0031	Apr-04
James K. Hammitt	Harvard University, Center for Risk Analysis, Department of Health Policy and Management	Estimating Consumer Benefits of Improving Food Safety	United States Department of Agriculture	0536-0062	12/16/2003
Jason F. Shogren	University of Wyoming, Department of Economics and Finance	Estimating Consumer Benefits of Improving Food Safety	United States Department of Agriculture	0536-0062	3/11/2005
Linda Verrill (FDA)	CFSAN, FDA	Survey of Persons with Food-Specific Allergies	Food & Drug Administration	N.A.	Aug-05
David Chapman	Stratus Consulting	Coral Reef Economic Valuation Pretest	National Oceanic and Atmospheric Agency	0648-0531	11/16/2005

A sample of parents (mothers and fathers) of children aged 10 to 14 will be selected from the Knowledge Networks panel. This panel will self-administer the questionnaire at home on personal computers. Parents will be randomly assigned to treatment and control conditions. Specifically, for mothers, the conditions will consist of: (1) no message exposure, (2) exposure to core PSUNC messages, and (3) exposure to an additional set of PSUNC messages. For fathers, there will be a control condition and one treatment condition that will include exposure to all Parents Speak Up National Campaign messages. The research will include 5 data collections using 2 instruments: (1) a baseline self-administered survey of parents of children aged 10 to 14, and (2) a follow-up survey of parents who completed the baseline survey at 4 weeks, 6 months, 12 months, and 18 months post intervention. This submission requests approval for both surveys.

Numerous studies have found that parent-child communication about reproductive health issues is associated with delayed sexual initiation and reduced sexual activity among teens (Clawson & Reese-Weber, 2003; DiIorio, Kelley, & Hockenberry-Eaton, 1999; Dutra, Miller, & Forehand, 1999; Guzman et al., 2003; Holtzman & Robinson, 1995; Hutchinson, Jemmott, Braverman, & Fong, 2003; Jaccard & Dittus, 1991; Jaccard, Dodge, & Dittus, 2002; Karofsky, Zeng, & Kosorok, 2000; Rose, Koo, Bhaskar, Anderson, White & Jenkins, 2005). The Parents Speak Up National Campaign presents a unique opportunity to evaluate the efficacy of a media intervention to promote parent-child communication about waiting to have sex. Indeed, the potential effectiveness of media campaigns in promoting protective factors against health risk behavior is supported by evaluation results from other media campaigns (Bauman, LaPrelle, Brown, Koch, & Padgett, 1991; Davis, Nonnemaker, & Farrelly, 2006; DuRant, Wolfson, LaFrance, Balkrishnan, & Altman, 2006; Farrelly, David, Haviland, Messeri, & Healton, 2005; Farrelly, Healton, Davis, Messeri, Hersey, & Haviland, 2002; Flynn et al., 1994; Hornik, 1997; Hornik et al., 2003; Huhman, Potter, Wong, Banspach, Duke, & Heitzler, 2005; Siegal & Biener, 2000; Snyder, Diop-Sidibe, & Badiane, 2003).

2. Information Users

The purpose of the data collection and evaluation is to determine the efficacy of Parents Speak Up National Campaign public service announcements and their messages in achieving desired outcomes, including main effects of exposure to campaign messages on parent-child communication about waiting to have sex; mediating effects of parent characteristics on parent-child communication about sex; and moderating effects of parent and child characteristics on parent-child communication about sex. Changes in the following outcomes will be examined: perceived risks from teen sexual activity, perceived susceptibility, attitudes towards teen sexual activity, self-efficacy to talk to their child, outcome efficacy, perceived value of delayed sexual activity, and parent-child communication about sex. Key research questions for evaluation are presented in **Exhibit 2**. A copy of the evaluation data collection instrument is attached in **Appendix B**.

The information obtained from the proposed data collection activities will be used to inform the Office of Population Affairs (OPA), policy makers, parents, prevention practitioners, and researchers about the effects of the campaign messages in a controlled setting to encourage and help parents talk to their pre-teens and teens early and often about waiting to have sex. This information will enable the OPA to more effectively address abstinence education among children. Finally, the data provided from the proposed evaluation may be used for an understanding of the appropriateness for continued or expanded funding and dissemination of the campaign.

Exhibit 2. Evaluation Research Questions

1. What are parents' knowledge, attitudes, and beliefs (i.e., social cognitions) and behaviors prior to exposure to Parents Speak Up National Campaign messages?
2. What is the change in social cognitions and parent-child communication from one time point to another in absence of exposure to Parents Speak Up National Campaign messages?
3. Does exposure to Parents Speak Up National Campaign messages increase parent-child communication?
4. Does increased exposure to Parents Speak Up National Campaign messages increase parent-child communication?
5. Were the Parents Speak Up National Campaign messages efficacious in producing the desired outcomes on the targeted parent mediator variables, including:
 - a. Increased perceived risks from teen sexual activity
 - b. Increased perceived susceptibility
 - c. Changes in attitudes towards teen sexual activity
 - d. Increased parent self-efficacy to talk to their child
 - e. Increased outcome efficacy
 - f. Increased perceived value of delayed sexual activity
 - g. Parents Speak Up National Campaign message awareness and receptivity
6. Did the efficacy of the Parents Speak Up National Campaign messages vary based on moderator variables? Potential moderator variables include:
 - a. Other abstinence promotion activities
 - b. Social influences (parent-child relationship and interactions, family religiosity, parent perceptions of sexual activity)
 - c. Parents' other media influences (TV, radio, Internet, magazines)
 - d. Demographic characteristics (child gender, parent gender, parent education, parent

- race/ethnicity, parent acculturation, family structure, family income, county type, child age, child puberty status
- e. Parent perceptions of child's participation in school-based sex education
- f. Parental involvement
- g. Parental monitoring
- h. Parent readiness to change
- 7. Did the campaign messages achieve their effects on parent-child communication about sex by altering the mediating variables listed in #5?

3. Use of Information Technology

The Parents Speak Up National Campaign's public service announcement efficacy evaluation will rely on Web surveys to be self-administered at home on personal computers. Utilization of the Worldwide Web has the advantages of being able to expose treatment condition respondents to Parents Speak Up National Campaign video or audio messages, allowing respondents to complete as much of the survey as desired in one sitting and to continue the survey at another time, minimizing the possibility of respondent error by electronically skipping questions that are not applicable to a particular respondent, and creating the least burden to the respondent. One alternative method considered was to conduct telephone surveys. However, telephone surveys are generally limited to a maximum of about 15 minutes so respondents do not feel imposed upon. The longer a telephone survey continues, the more likely it is that respondents will "drop out" and not fully answer all the questions. In addition, response rates for telephone surveys are decreasing as new technology (answering machines, voice mail, caller identification) becomes available (O'Rourke et al., 1998), and non-locate rates in later waves of longitudinal telephone surveys are increasing, likely due to increased use of cellular phones and frequent switching of carrier companies. Telephone surveys also do not allow us to expose participants to campaign messages and stimuli, preventing controlled experiment study designs. In sum, because of the advantages of controlled exposure conditions, we determined that the study design of collecting data via Web surveys was the best methodology.

4. Duplication of Similar Information

The Parents Speak Up National Campaign is a new media campaign. The evaluation is also new and therefore, does not duplicate previous efforts. In designing the proposed data collection activities, we have taken several steps to ensure that this effort does not duplicate ongoing efforts and that no existing data sets would address the proposed study questions. To ensure that this study is forging new ground in our understanding of the efficacy of the Parents Speak Up National Campaign public service announcements, we conducted an extensive review of the literature by examining several large periodical journal databases. We identified published articles or books containing the keywords, "adolescent," "youth," "abstinence," and "parent-child communication." In addition, to reviewing published information, we searched for "gray" literature by contacting well-known researchers in the field and by exploring the Internet. Searches were performed on several Internet search engines, including Google, Yahoo, AltaVista, Medline, and Science Direct, using search terms "adolescent," "youth," "abstinence," and "parent-child communication."

The results of the literature search and consultation with experts in the field revealed that although a fair amount of research has been conducted on parent-child communication about sex,

little has been done to evaluate the efficacy of a media campaign like the Parents Speak Up National Campaign. One study evaluated a state-level media campaign to promote parent-child communication about sex, but only post-intervention data were collected, preventing conclusions that the campaign caused increases in parent-child communication (DuRant et al., 2006); the researchers noted that high levels of parent-child communication before the campaign may have contributed to increased campaign awareness among some parents and explained associations between campaign awareness and high levels of parent-child communication after campaign exposure. To date, no duplication of the proposed effort has been identified.

We have carefully reviewed existing data sets to determine whether any of them are sufficiently similar or could be modified to address OPA's need for information on the efficacy of the Parents Speak Up National Campaign public service announcements with respect to parent-child communication about waiting to have sex. Efforts to avoid duplication include a review of OPA's administrative agency reporting requirement and of existing studies of OPA's programs. We investigated the possibility of using existing data to examine our research questions, such as data collected as part of the ongoing evaluation of Title V, Section 510 abstinence education programs (Maynard et al., 2005); evaluations of current and past Prevention program grantees delivering abstinence education programs using OPA funding; state-level and local evaluations of abstinence education efforts; surveys by the National Campaign to Prevent Teen Pregnancy (2003); and the National Survey on Family Growth (Abma, Martinez, Mosher, & Dawson, 2004; Albert et al., 2005). However, none of these existing data included pre-and post-test data in a randomized design to test messages like the ones employed in the Parents Speak Up National Campaign.

5. Small Businesses

No small business will be directly involved in the collection of data in this study.

6. Less Frequent Collection

If this evaluation were not conducted, it would be difficult to determine the value or impact of Parents Speak Up National Campaign public service announcement messages on the lives of the people they are intended to serve. Failure to collect these data could reduce effective use of program resources to benefit parents and children.

The efficacy evaluation involves five data collection points—a baseline and four follow-up surveys. Serious consideration has been given to the issue of how frequently to interview and re-interview parents for the efficacy evaluation. After consulting with OPA and the media contractor, it was determined that the data collection strategy selected would need to be sufficient in number to track and document changes in outcomes between and across individuals before exposure to a time point late enough for campaign message effects to be observed. In addition, parents of children aged 10 to 14 may observe many developmental changes in their children as children enter puberty, begin noticing the opposite sex, experience peer pressure, and begin experiencing opportunities to engage in sexual activity. Thus, it is important to measure parent-child communication about waiting to have sex and related variables at several time points in order to account for changes that may occur because of children's developmental progression. A measure of potential changes in attitudes, beliefs, or behaviors among parents is necessary within 4 weeks of exposure to initial campaign messages to measure immediate reactions. A subset of treatment group mothers will then be exposed to additional campaign

messages in order to detect possible differences between parents with different levels of exposure. Follow-up data collection at 6 months will provide data about subsequent changes in or maintenance of attitudes, beliefs, or behaviors. Continued follow-up data collection at 12 months and 18 months is important to detect possible long-term effects of campaign messages and to assess how effects change or persist as children develop. Less frequent data collection would not allow for measurement of immediate reactions to the campaign messages, differences between parents with different levels of exposure, and long-term effects. Because of concerns about respondent attrition due to possible dropping out of the Knowledge Networks panel, RTI staff determined that the follow-up intervals would need to be narrow enough to enable completion of survey cycles with a given individual over a reasonably short period of time. For these reasons, RTI and OPA agreed to conduct the efficacy evaluation data collection with parents at baseline and at 4 weeks, 6 months, 12 months, and 18 months.

7. Special Circumstances

As described in section A6, respondents will report information more often than quarterly between baseline and the first follow-up assessment (at 4 weeks). A measure of potential changes in attitudes, beliefs, or behaviors among parents is necessary within 4 weeks of exposure to initial campaign messages to measure immediate reactions. Less frequent data collection would not allow for measurement of immediate reactions to the campaign messages. There are no other special circumstances that require data collection to be conducted in a manner inconsistent with 5 CRF 1320.5 (d)(2).

8. ***Federal Register Notice/Outside Consultation***

A 60-day Federal Register Notice was published in the *Federal Register* on September 6, 2006, in volume 71, number 172, pp. 52545-52546 and provided a 60-day period for public comments (See **Appendix C**). There were no public comments.

Key Stakeholders were consulted in 2006 regarding the direction of key stakeholders interviewed for this project is provided in **Exhibit 3**. Stakeholders contacted in 2006 included the PSUNC evaluation, including representatives from national organizations in the field of teen pregnancy prevention and abstinence education, as well as researchers from universities and other organizations. RTI staff met with OPA representatives and the media contractor to learn about formative research involving parents, how the Parents Speak Up National Campaign will work in the field, the content and strategy of Parents Speak Up National Campaign messages, and the feasibility of conducting an efficacy evaluation. The information provided from these discussions was extremely helpful in informing RTI staff about the expected reactions among parents who will participate in the study. RTI also received considerable input from OPA and Rosenberg Communications (RCI, the media contractor) and key stakeholders regarding issues they would like addressed as part of the efficacy evaluation. Finally, OPA and RCI staff provided useful information on logistics of campaign message development and expected date of availability for use in the study. This information helped guide the development of both the Parents Speak Up National Campaign public service announcement efficacy evaluation instrument and study design. OPA and RCI reviewed the survey plans, and key stakeholders were consulted throughout the survey design process by telephone. Input and recommendations were incorporated into the survey and questionnaire design to the extent possible. Contact information for the key stakeholders interviewed for this project and the media contractor is provided in **Exhibit 2**.

RTI staff consulted with respondent surrogates in connection with pre-tests of the survey instruments (as described in **Section B.4**). Eight Web-based self-administered baseline questionnaires were completed by parents of children aged 10 to 14 to test the feasibility of using our instrument over the Web and to ensure that these surveys could be completed in approximately 20 minutes. Questions were added at the end of each questionnaire to elicit comments on the burden associated with completing the interview, the overall instruments, and specific instrument questions. Refinements to the baseline and follow-up evaluation surveys were made as a direct result of these pretests.

9 **Payment/Gift to Respondents**

Upon agreeing to be a Knowledge Networks panel member, respondents are given free hardware, free Web access, free e-mail accounts for each panel member, and ongoing technical support. While these products/services are provided to facilitate the data collection methodology, respondents are given free usage of the products for personal use, and these benefits are used as an incentive for recruiting potential panel members. In addition, a 20,000 Knowledge Networks bonus point incentive (equivalent to \$20 cash) will be offered to participants who complete the baseline survey and 4-week and 6-month follow-up surveys. An additional 10,000 Knowledge Networks bonus point incentive (equivalent to \$10 cash) will be offered to participants who complete the 12-month and 18-month follow-up surveys. Parents are difficult to engage in a survey about this sensitive topic without the use of a small incentive. The incentives are intended to recognize the time burden placed on parents, encourage their cooperation, and to convey appreciation for contributing to this important study. Numerous empirical studies have shown that incentives can significantly increase response rates (e.g., Abreu & Winters, 1999; Shettle & Mooney, 1999). The decision to use incentives for this study is based on several projects conducted by RTI and Knowledge Networks, which found that use of \$10 to \$20 incentives increased response rates among adults. **Exhibit 4** summarizes several such studies and the response rates achieved. Although these studies differ in other respects that could account for some variability in response rates, overall, incentives of at least \$5 were generally associated with higher response rates compared with no incentive.

Exhibit 3. 2. Contact Information for Parties Contacted for Outside Consultation

Parents Speak Up National Campaign Evaluation Stakeholders

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Director
National Campaign to Prevent Teen Pregnancy
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Exhibit 4. RTI/Knowledge Networks Studies Involving Adult Respondents Receiving Incentives and Corresponding Response Rates

Study	Population	Incentive Provided	Response Rate Achieved
National Longitudinal Transition Study 2	Parents and teens aged 13 to 16, in at least 7 th grade, and receiving special education as of December 1, 2000 (Wave 1) Teens aged 15 to 18 (Wave 2) Teens aged 17 to 20 (Wave 3)	\$20 for parents for each wave \$20 for teens for each wave	70% (Waves 1-3): Overall “family” response rate (meaning that an interview was completed with either a parent or a youth within 70% of the households)
Evaluation of Media Campaign Survey	California residents aged 18-55	\$5 to \$25	78%
The University of California Irving Stress and Trauma Study (2001-2004)	Adult panelists and teens (13-17 with parental approval)	\$10 initial incentive Pool A, \$10 initial incentive + \$10 completion incentive Pool B	83%: Pool A 79%: Pool B

The use of modest incentives is expected to enhance survey response rates without biasing responses or coercing respondents to participate. A smaller incentive would not appear sufficiently attractive to parents. We also believe that the incentives will result in higher data validity as parents become more engaged in the survey process. The amount of the incentives was determined through discussions with RTI staff with expertise in conducting parent surveys about parent-child communication. All respondents are given free hardware, free Web access, free e-mail accounts, and ongoing technical support as pre-incentives by Knowledge Networks. Because all selected individuals may not be eligible for the study, we want to assure sufficient project spending and only provide bonus point incentives to respondents after they are determined to be eligible.

10 Confidentiality

All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights ~~and~~, privacy, ~~and confidentiality~~ of parents are protected and maintained. The RTI Institutional Review Board (IRB) reviewed all instruments, informed consent materials, and procedures to ensure that the rights of individuals participating in the study are safeguarded. A copy of the RTI IRB approval notice is included as **Appendix D**. A pilot test of these procedures was conducted, and no problems were identified (see Section B.4 for a summary of the pilot test).

Any information from the study will be protected through a number of security measures. HHS will keep this information private except as compelled by law. ~~All respondents will be assured that data will be treated in a confidential manner unless otherwise compelled by law.~~ A copy of the informed consent form provided in writing to respondents is provided in **Appendix E**.

To ensure data security, all RTI and Knowledge Networks project staff are required to adhere to strict standards and to sign an oath of confidentiality as a condition of employment on this project. RTI maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a “need-to-know” basis only. Knowledge Networks has developed a secure transmission and collection protocol, including the use of system passwords, and two separate sets of firewalls to prevent unauthorized access to the system. Neither questionnaires nor survey responses are stored onto the WebTV box; questionnaires are administered dynamically over the Internet. Survey responses are written in real-time directly to Knowledge Networks’ server and are then stored in a local Oracle database. The database is protected primarily through firewall restrictions, password protection, and 128-bit encryption technology. Individual identifying information will be maintained separately from completed questionnaires and from computerized data files used for analysis. A detailed description of additional Knowledge Networks privacy and ~~confidential~~ security procedures is attached in **Appendix F**. No respondent identifiers will be contained in reports to the OPA and results will only present data in aggregate.

We will seek approval and review by the OS Privacy Act Coordinator, Maggie Blackwell.

11. Sensitive Questions

The major focus of the Parents Speak Up National Campaign is to promote parent-child communication about waiting to have sex. Campaign advertisements and other materials cover issues around adolescent sexual activity and the benefits of waiting to have sex. Thus, some questions included in the efficacy evaluation instrument might be considered sensitive by some respondents. **Exhibit 5** identifies the sensitive questions, explains the justification for their inclusion in the surveys, and describes how the data will be used. The informed consent protocol appraises respondents that these topics will be covered during the interview. These questions are included in the surveys because of their importance in understanding parent attitudes about teen sexual activity and the potential moderating effect of parents' perceptions of their children's prior sexual activity on the main effect of the Parents Speak Up National Campaign on parent-child communication about waiting to have sex. As with all information collected, these data will be presented with all identifiers removed.

Exhibit 5. Description of Sensitive Questions, Justification for Inclusion, and Use of Data

Description of Questions	Justification for Inclusion	Use of Data
How parents define sex	Necessary to accurately measure parent attitudes about teen sexual activity as potential mediators of the effect of the Parents Speak Up National Campaign on parent-child communication about waiting to have sex	Used to test possible moderated mediation for multivariate analysis comparing parents in control and treatment conditions (do parent attitudes about teen sexual activity mediate main effects of the Parents Speak Up National Campaign, and do parent definitions of sex moderate this mediating effect?)
Parent perception of child's previous sexual activity	Necessary to determine whether parents with children perceived as already sexually active are equally or less likely to benefit from the Parents Speak Up National Campaign than those with children perceived as not sexually active	Used as moderating variable for multivariate analysis to assess interaction between exposure to the Parents Speak Up National Campaign and parent perceptions of child's previous sexual activity as a significant predictor of parent-child communication about waiting to have sex

* To protect the identity of the child who has not consented to participate in the survey, RTI will not receive identifying information about parents and will only ask for the child's first name. No information about parent names, addresses, or phone numbers, or children's last names, will be collected.

12. Burden Estimate (Total Hours & Wages)

The total response burden over years 1 and 2 is 2,800 hours. **Exhibits 6 and 6a** provide details about how this estimate was calculated. Year 1 response burden is estimated at 2,480 hours. Year 2 response burden is estimated at 320 hours. The average annual response burden was calculated by summing these two annual estimates and dividing by two. PSUNC survey respondents will be comprised of a nationally representative panel of parents of children aged 10 to 12. The Web self-administered surveys will be designed to maximize ease of response (at home on personal computers) and thus decrease respondent burden. The total respondent cost for years 1 and 2 is \$16,800.00. Year 1 costs are estimated at \$14,880.00. Year 2 response costs are estimated at \$1,920.00. The average annual response burden was calculated by summing these two annual estimates and dividing by two.

Exhibit 6. Total Estimated Annualized Burden Hours: Years 1 & 2

Type of Respondent	Form Name	No. of Respondents	No. of Responses/ Respondent	Average Burden/ Response (Hours)	Total Burden (Hours)
Knowledge Networks panel member; Parent (or parent surrogate)	Baseline parent survey	1,895	1	24/60	758
	4-week follow-up survey	1,810*	1	24/60	724
	6-month follow-up survey	1,425*	1	24/60	570
	12-month follow-up survey	1,070*	1	24/60	428
	18-month follow-up survey	800*			
	TOTAL	7,000			2,800

*A subset of the original 1,895 baseline respondents.

Exhibit 6a. Total Cost to Respondents: Years 1 & 2

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Knowledge Networks panel member; Parent (or parent surrogate)	2800	\$6.00**	\$16,800.00

**Estimates of average hourly living allowance for participants

12A. Estimated Annualized Burden Hours

The period of performance for the Parents Speak Up National Campaign evaluation currently includes only the baseline, 4-week, and 6-month follow-up surveys. However, it is likely that the period of performance will be extended to include 12-month and 18-month follow-up surveys. Information provided in this statement is based on the extended period of performance.

The average annual response burden is estimated at 1,400 hours. **Exhibits 7 and 7a** provide details about how this estimate was calculated. Year 1 response burden is estimated at 2,480 hours. Year 2 response burden is estimated at 320 hours. The average annual response burden was calculated by summing these two annual estimated and dividing by two.

Exhibit 7. Estimated Annualized Burden Hours: Year 1

Type of Respondent	Form Name	No. of Respondents	No. of Responses/ Respondent	Average Burden/ Response (Hours)	Total Burden (Hours)
Knowledge Networks panel member; Parent	Baseline parent survey	1,895	1	24/60	758

*A subset of the original 1,895 baseline respondents.

Exhibit 7a. Estimated Annualized Burden Hours: Year 2

Type of Respondent	Form Name	No. of Respondents	No. of Responses/ Respondent	Average Burden/ Response (Hours)	Total Burden (Hours)
Knowledge Networks panel member; Parent (or parent surrogate)	18-month follow-up survey	800*	1	24/60	320
	TOTAL	800			320

*A subset of the original 1,895 baseline respondents.

12B. Estimated Annualized Cost to Respondents

Respondents participate on a purely voluntary basis and, therefore, are subject to no direct costs other than time to participate; there are no start-up or maintenance costs.

Timings were conducted during our pilot test procedures to determine the overall burden per respondent. Web data collection is expected to take 20 minutes per respondent. We will complete 6,200 questionnaires (2,480 hours total) in year 1 and 800 questionnaires (320 hours total) in year 2. Because it is not known what the wage rate category will be for these selected parents (or even whether they will be employed at all), the figure of \$6.00 per hour was used as an estimate of average minimum wage across the country. The estimated annual cost to parents for the hour burdens for collections of information will be \$14,880 for Year 1 and \$1,920 for year 2. The average annual response burden was calculated by summing these two annual estimated and dividing by two. The estimated annualized burden to respondents is \$8,400 $((\$14,880 + \$1,920)/2)$. (See Exhibits 8 & 8a).

Exhibit 8. Estimated Annualized Cost to Respondents: Year 1

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Knowledge Networks panel member; Parent (or parent surrogate)	2,480	\$6.00**	\$14,880.00

**Estimates of average hourly living allowance for participants.

Exhibit 8a. Estimated Annualized Cost to Respondents: Year 2

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Knowledge Networks panel member; Parent (or parent surrogate)	320	\$6.00**	\$1,920.00

**Estimates of average hourly living allowance for participants

13. Capital Costs (Maintenance of Capital Costs)

There are no capital costs associated with this study.

14. Cost to Federal Government

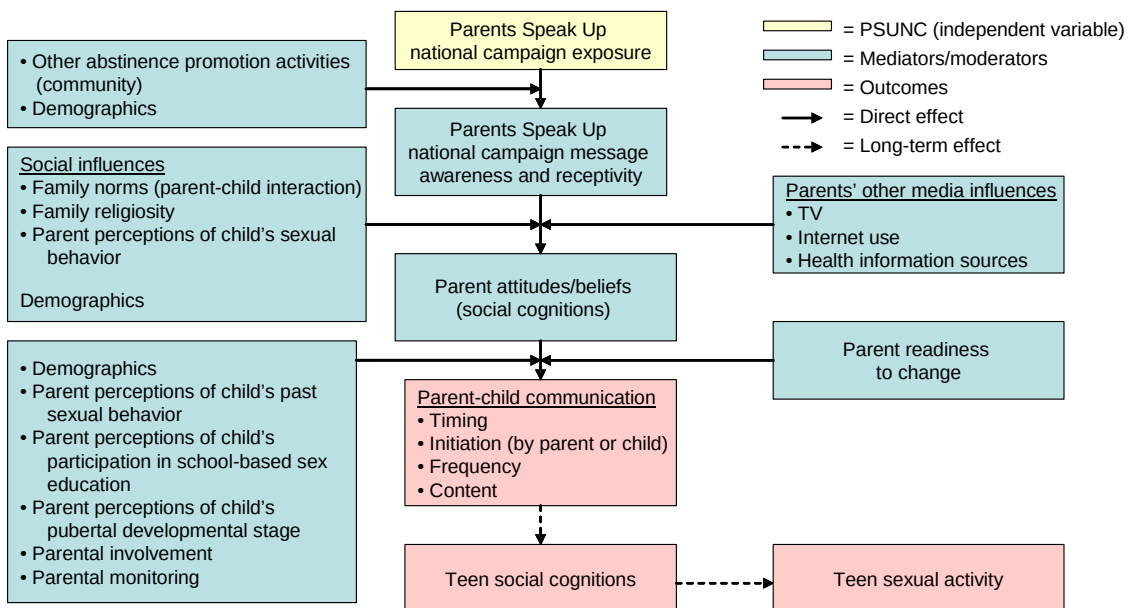
With the expected extended period of performance, the cost estimate for the completion of this contract will be \$1,328,289 over 2 years. This total cost covers all PSUNC evaluation activities and includes information collection and other evaluation tasks not included in this OMB application. This is the cost estimated by the contractor, RTI International, and includes the estimated cost of coordination with the OPA and the media contractor; evaluation plan development; collecting and reviewing relevant documents, existing data, and information from key stakeholders; instrument development and testing; RTI IRB and OMB applications; data collection; analysis; reporting; and progress reporting. Annual cost to the federal government is estimated to be \$664,144.50 (\$1,328,289/2).

15. Program or Burden Changes

There are no changes in burden requested, as this is a new information collection.

16. Publication and Tabulation Dates

Our analyses will consist of two phases: (1) preliminary analyses of baseline data and (2) longitudinal analyses that include multiple waves of survey data. The preliminary analyses will begin once baseline data are available and will consist of descriptive statistics (frequencies, crosstabs, t-tests, and Chi-squares) to examine the sample characteristics, explore the potential for inferential analyses, and test for potential between-group differences. This will include single time point tests of association between hypothesized independent, mediating, moderating, and dependent variables (as conceptualized in **Exhibit 9**). These analyses will also be conducted for the purposes of examining the psychometric properties of the data, with the intention of developing reliable scales that accurately capture precursor social cognitions that we presume to be influenced by the campaign. Structural equation modeling (SEM) will be used to test for differences between treatment and control groups at baseline on demographics, mediators, and parent-child communication. We will also use SEM to evaluate the multivariate relationships of baseline demographics, mediators, and parent-child communication to attrition from baseline to follow-up. Variables found to differ between follow-up survey responders and nonresponders will be addressed by controlling through multivariate analysis for variables contributing to attrition.

Exhibit 9. Logic Model for the Evaluation of the Parents Speak Up National Campaign

Once baseline and first follow-up data are available, we will begin to develop preliminary models that assess the association between exposure conditions and downstream mediators (social cognitions) and outcomes (parent-child communication). These models will include repeated measurements (merged baseline and first follow-up data) on respondents within each experimental condition and will be estimated using a combination of linear and logistic regression methods. For example, our hypothesis that exposure to the Parents Speak Up National Campaign increases parents' knowledge of the campaign message (see **Exhibit 10**) will be tested in a regression model where a measure of the campaign message is specified as the dependent variable and the exposure condition is specified as the primary independent variable. The results of these types of models will also provide information on measures that should be included as covariates (controls) in the fuller models that incorporate all three waves of survey data. In addition to multivariable regressions, analyses of baseline and first follow-up data will include the use of structural equation models (SEM) to calculate the pathways among Parents Speak Up National Campaign exposure conditions, mediating variables, moderating variables, and parent outcomes.

Once data collection is complete (baseline and follow-ups 1-4), we will develop a multiple group longitudinal growth model (LGM) that will allow us to explicitly test the effects of each exposure condition on primary outcome variables. This modeling technique represents the state-of-the-art in the modeling of longitudinal data (Muthen & Curran, 1997; Willett & Sayer, 1994) and will allow us to model changes in social cognitions (attitudes, beliefs, intentions) and behaviors. The key feature of LGM is the estimation of variability in the trajectories of these variables, allowing us to answer a number of important questions derived from our study hypotheses presented in **Exhibit 10**.

Exhibit 10. Study Hypotheses

The primary study hypotheses concern the effects of the campaign on short-term, attitudinal outcomes and on parent-child communication:

- Exposure to the campaign messages increases parents' knowledge of the message that they should talk early and often to their children about waiting to have sexual activity;
- Parents will have positive message receptivity to the campaign messages, including positive reactions to specific messages and advertising executions, and will adopt the Parents Speak Up National Campaign brand;
- Parents exposed to a higher "dose" of campaign messages will experience greater effects on knowledge, attitudes, beliefs and parent-child communication behavior than those with a lower dose, or no dose of the campaign;
- Exposure to campaign messages improves parents' knowledge, attitudes, and beliefs related to talking early and often to their pre-adolescent children about waiting to initiate sexual activity, including self-efficacy and outcome efficacy;
- Exposure to campaign messages is associated with increased parent-child communication about sexual activity;
- Exposure to campaign messages is associated with increased parental use of the 4parents.gov Website;

Additionally, **Exhibit 9** identifies several secondary hypotheses, which represent relationships

between mediating and moderating variables in the model, and the interaction between these variables, PSUNC exposure, and parent-child communication:

- Increased knowledge and improved attitudes and beliefs are associated with increased parent-child communication about sexual activity;
- Knowledge, attitudes and beliefs about parent-child communication mediate the relationship between campaign exposure and parent-child communication;
- Social environmental, child, and parental characteristics moderate the relationship between campaign exposure and parent-child communication.

The overall goal of these models is therefore to determine the extent to which changes in social cognitions and parent-child communication differ by campaign exposure conditions. Intervention effects will be tested as deviations from the normative trend over time (i.e., the change among parents in the non-exposure condition) in beliefs, attitudes, and behaviors that may be affected by exposure to the Parents Speak Up National Campaign. **Exhibit 11** summarizes each of our planned analyses using baseline, follow-up data.

Exhibit 11. PSUNC Evaluation Analyses

Time	Research Question/Hypothesis	Methods
Baseline	What are the sample characteristics of study participants?	Frequencies
	How are mediating/moderating variables associated with presumed outcomes?	Crosstabulations
	How are mediating and moderating variables correlated?	
	What are the psychometric properties of the survey data?	Exploratory and confirmatory factor analyses
	What are the differences between treatment and control groups at baseline?	Structural equation models (SEM)
Baseline & Follow-up 1	What is the relationship between exposure conditions and mediating variables (social cognitions)?	Multivariable regressions
	What is the relationship between mediating variables and parent-child communication?	
	What is the relationship between exposure conditions and parent-child communication, controlling for moderating variables?	
	What are the pathways among exposure conditions, mediators, and outcomes	Structural Equation Models (SEM)
	What variables are linked to attrition?	
Baseline through Time 4	What is the change in social cognitions and parent-child communication from one time point to another in the absence of exposure to Parents Speak Up National Campaign messages?	Longitudinal Growth Model (LGM)
	Does exposure to Parents Speak Up National	

Time	Research Question/Hypothesis	Methods
	Campaign messages increase parent-child communication?	
	Does increased exposure to Parents Speak Up National Campaign messages increase parent-child communication?	
	What variables are linked to attrition?	

As the evaluation questions and hypotheses are addressed, the findings will be summarized and shared with OPA and OPA-identified stakeholders for comment and interpretation. For this study, we expect the findings to be disseminated to a number of audiences. Therefore, the evaluation reports will be written in a way that emphasizes scientific rigor for more technical audiences but are also intuitive, easily understood, and relevant to less technical audiences. The reporting and dissemination mechanism will consist of three primary components: (1) a brief mid-study report that includes preliminary analyses, (2) a final evaluation report, and (3) peer-reviewed journal articles. RTI will prepare a brief mid-study report. This report will include summary data from the baseline and follow-up data collections, with preliminary findings from cross-tabulations, multivariable regression models, and exploratory and confirmatory factor analyses. This report will also include preliminary data on parents' cognitive reactions to specific Parents Speak Up National Campaign public service announcement messages. The final evaluation report will be the central focus of dissemination efforts and will be written in clear language that is understandable by a wide range of audiences (parent, practitioners, policy makers, researchers). This evaluation report will include a 10-page summary, a report of less than 100 pages (including an overview of background literature to provide contextual information about the purpose of the campaign and evaluation approach, a detailed summary of evaluation methods and activities; the evaluation results; discussion of findings in comparison with those of other relevant program evaluations; strengths and limitations of the evaluation; and recommendations for future evaluations of this scope for practitioners, evaluators, and policy makers), and appendices. The results of our study also will be used to develop at least one peer-reviewed journal article (e.g., *American Journal of Public Health*, *Perspectives on Sexual and Reproductive Health*, or *Journal of Health Communication*) that summarizes findings on the overall efficacy of the Parents Speak Up National Campaign public service announcements.

The key events and reports to be prepared are listed **Exhibit 12**.

Exhibit 12. Time Schedule for the Entire Project

Project Activity	Date*
Start date	September 30, 2005
Develop project plan and schedule	November, 2005
Design instruments	May 2006
Pilot test instruments	August 2006
Main study data collection preparation activities	February 2007
Baseline survey	April 2007
4-week follow-up survey	May 2007
6-month follow-up survey	October 2007

Analysis of initial data set	February 2008
Submit mid-study report	April 2008
12-month follow-up survey	April 2008
18-month follow-up survey	October 2008
Analysis of final data set	February 2009
Submit final report	April 2009
Submit at least one manuscript	April 2009

*Dates are based on the expected 3-year period of performance

17. Expiration Date

The OMB expiration date will be displayed on all data collection instruments.

18. Certification Statement

There are no exceptions to the certification.

B. Collection of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

This study will include approximately 1,895 adult parents in the Knowledge Networks panel. Parents of children aged of 10 and 14 were chosen as the target audience for the campaign and evaluation because focus groups conducted by the media contractor indicated that both parents and teens felt that the teen years were too late for parents to begin communicating with their children about waiting to have sex.

The current Knowledge Networks panel consists of approximately 40,000 adults actively participating in research. The Web-enabled panel tracks closely to the U.S. population in terms of age, race, Hispanic ethnicity, geographical region, employment status, and other demographic elements. The Knowledge Networks panel is recruited through random-digit-dialing (RDD) and is comprised of both Internet and non-Internet households. From the overall Knowledge Networks panel, we will select the sample of 1,895 participants for our study using probability methods that will include appropriate sample design weights, based on specific parameters of sample composition. To further reduce the effects of non-sampling error, non-response and post-stratification weighting adjustments are applied to the sample. A total off 1,137 of the participants will be mothers, and 758 will be fathers.

Mothers will be randomly assigned to one of three experimental conditions: high exposure to Parents Speak Up National Campaign (PSUNC) public service announcement messages, normal exposure, and no exposure. Fathers will be randomly assigned to one of two experimental conditions: high exposure or no exposure. Parent gender has received considerable attention as a predictor of parent-child communication about sex; although there are some exceptions, studies have tended to find that mothers are more likely than fathers to engage in discussions about sex with their children (for example, Jaccard & Dittus, 1991; DiIorio, Kelley, & Hockenberry-Eaton, 1999; Fisher, 1993; Raffaelli, Bogenschneider, & Flood, 1998; Rosenthal & Feldman, 1999).

Thus, we are interested in exploring a potential dose-response relationship between no exposure and normal exposure and between normal exposure and high exposure conditions among mothers. However, there is evidence that father-based variables account for unique variance in teen behavior independent of mother-based variables (Dittus, Jaccard, & Gordon, 1997), although there is no literature that reports specific intervention effects on father-child communication. Thus, we will include fathers in the efficacy evaluation of the Parents Speak Up National Campaign public service announcements, but consider this an exploratory analysis, comparing fathers with high levels of exposure to campaign messages to those with no exposure in order to maximize the chances of detecting differences in parent-child communication among these two groups.

We conducted power analyses to determine the optimal sample size for detecting statistically significant differences between treatment and control groups. Since fathers and mothers are expected to behave differently in terms of parent-child communication and possibly in terms of response rates to the surveys, they will be assessed separately. Because no published data are available about expected baseline and follow-up rates of father-child communication or survey response, power calculations are based on data to be collected from mothers. The frequency with which parents report they have spoken to their children about sex serves as the primary outcome measure, and responses will be dichotomized as “often” versus “not often” (“sometimes,” “seldom,” or “never”) for the purposes of power calculations. Power calculations were based on the comparison between the high exposure and no exposure groups. Several assumptions were made concerning population parameters for power analyses. First, we assumed a 0.7 correlation coefficient between outcomes measured at baseline and 18-month follow-up for the same respondent. Although there is little definitive information about the true correlation over 18 months, there is some evidence from studies of parent involvement in other teen risk behaviors that such correlation is no stronger than we assume here (Wills, Sandy, Yeager, & Shinar, 2001). Second, because mothers will be sampled separately from fathers, we assume that all outcomes between different respondents will be uncorrelated. Third, it was assumed that 16% of mothers will report communicating often with their child about waiting to have sex at baseline and that 22% of mothers will report this at 18-month follow-up, as reported by Klein et al. (2005). Each of these assumptions is very conservative, resulting in increased sample sizes for our evaluation. Our assumption of a change from 16% of mothers communicating often to 22% of mothers doing so at 18-month follow up safeguards for the possibility that the Parents Speak Up National Campaign public service announcement messages may produce very small effects at either 4 weeks, 6 months, or 12 months.

In contrast, Klein et al. (2005) produced much larger effects at 10 weeks. However, our assumption allows us to include enough subjects in our evaluation to detect small effects, and making a less conservative assumption would create the possibility that the Parents Speak Up National Campaign public service announcement messages are efficacious but that our sample sizes were not large enough to detect this. All decisions about assumptions that guided our power analysis were intended to err in favor of a larger sample size to safeguard for the possibility of a worst case scenario in terms of difficulty detecting effects. These assumptions increased our confidence that smaller effects produced by the messages than those found by previous prevention programs would be reasonably detected using the sample sizes we identified.

To achieve 0.80 power, we will need a total of 1,500 mothers (500 high exposure group, 500 normal exposure group, and 500 control group) and 1,000 fathers (500 high exposure group and 500 control group). The numbers of parents in the respondent universe and in each sample are shown in **Exhibit 13**. The expected response rates at the 18-month follow-up include parents who may refuse to participate in the follow-up data collection.

Exhibit 13. Numbers of Parents

Numbers and Response Rates	High Exposure Mothers	Normal Exposure Mothers	Control Mothers	High Exposure Fathers	Control Fathers	Total
Number of subjects to be contacted at baseline	500	500	500	500	500	2,500
Expected response rate at baseline	76%	76%	76%	76%	76%	
Number of completed baseline surveys	379	379	379	379	379	1,895
Expected response rate at 4-week follow-up	95%	95%	95%	95%	95%	
Number of completed 4-week follow-up surveys	362	362	362	362	362	1,810*
Expected response rate at 6-month follow-up	79%	79%	79%	79%	79%	
Number of completed 6-month follow-up surveys	285	285	285	285	285	1,425*
Expected 12-month follow-up	75%	75%	75%	75%	75%	
Number of completed 12-month follow-up	214	214	214	214	214	1,070*
Expected response rate at 18-month follow-up	75%	75%	75%	75%	75%	
Number of completed 18-month follow-up surveys	160	160	160	160	160	800*

*A subset of the original 1,895 baseline respondents.

As noted earlier, our sample design is based on conservative assumptions about survey response. Thus our estimates of longitudinal retention rates shown in **Exhibit 13** should be viewed as “worst case” scenarios that if hold true, would still ensure sufficient sample sizes to reasonably detect small message effects. We estimate that at least 95% of mothers who complete the baseline survey will complete the 4-week follow-up survey. We further estimate that at least 79% of mothers who complete the 4-week follow-up will be retained in the 6-month follow-up. Retention of at least 75% is estimated for both the 12-month and 18-month follow up surveys.

Exhibit 14 shows longitudinal retention rates for prior KN studies of various lengths. While we are assuming follow-up survey response rates as low as 75%, the average follow-up completion

rate across each prior KN study listed in **Exhibit 14** is over 90% with baseline to follow-up retention averaging 81% across follow-ups ranging from 3 months to 3 years. We expect similar retention patterns for this efficacy study.

Exhibit 14. Longitudinal Completion and Retention Rates for Prior Knowledge Networks Studies

Project	Institution/ Client	Sample	Survey	Time from Baseline	Follow-up Survey Completion Rate	Baseline to Follow-up Retention Rate
Stress and Trauma Survey	UC Irvine	18+ General Pop	Wave 7	3 years	94%	48%
Menopausal Women Survey	RTI	Female 40-65	Wave 2	2 years	89%	71%
National Seafood Study	NOAA	18+ Primary Grocery Shoppers	Wave 2	4 months	90%	97%
			Wave 3	8 months	92%	94%
Chronic Opioid Survey	RTI	18+ General Pop	Wave 2	3 months	95%	96%
National Health Follow-Up	University of Pennsylvania	18+ General Pop	Wave 2	1 year	90%	78%
2004 Election Survey	Ohio State University	18+ General Pop	Wave 3	7 months	77%	84%
2004 Biotech Survey	Northwestern University	18+ General Pop	Wave 3	11 months	96%	75%

It should be noted that while attrition will inevitably occur in this study, as it usually does in any longitudinal study, we do not expect attrition to bias any of the study's main findings. In sample surveys, there will almost always be missing data due to the attrition (or initial nonresponse) of selected respondents. In longitudinal surveys, this problem is typically exacerbated as a function of time because there may be further attrition at each wave of the survey. Three distinct mechanisms causing missing data can be identified and the cause of missingness determines the extent to which bias may be introduced into the study estimates. These mechanisms include the following:

1. Data are said to be **missing completely at random** (MCAR) if the probability of attrition is unrelated to study outcome variables or to the value of any other explanatory variables, including the exposure conditions. No additional bias will be introduced to estimates based on incomplete data due to missingness under MCAR. However, the reduced data set will typically result in larger standard errors.

2. Data are said to be **missing at random** (MAR) if the probability of attrition is unrelated to study outcome variables after controlling for other explanatory variables. That is, attrition may vary by demographic characteristics. For example, mothers of lower income may be more likely to drop out of the survey compared to mothers of higher income. Thus bias would be introduced into an overall outcome variable estimate for mothers but not into income-specific estimates. Thus, under MAR, the potential bias in estimates due to missingness can be eliminated (or reduced significantly) if the appropriate explanatory variables, such as income, are controlled for.
3. Data are said to be **missing not at random** (MNAR) if the probability of attrition is related to the study outcome variable itself. For example, suppose that mothers who indicate lower parent-child communication about sex are more likely to drop out of the survey than mothers who report more parent-child communication. In this case, the overall estimate of parent-child communication among all mothers will be biased upward by attrition.

In practice, all three missingness mechanisms may be at work (i.e., different attriters may drop out according to different mechanisms). If MNAR is not dominant, then reasonably unbiased estimates of study outcomes can be constructed through appropriate modeling. In the case of this efficacy study, we do not expect MNAR to be present. This study differs from typical longitudinal surveys in that it has an experimental component. That is, respondents will be randomly assigned to different levels of exposure or “treatment”. The purpose of this study is to compare outcome variables across different levels of the exposure conditions to identify treatment variable effects. Thus even if attrition exists under the worst case scenario (i.e., MNAR), random assignment to exposure conditions ensures that any nonresponse bias will be similar across exposure conditions. Hence, although attrition may vary by demographics and other variables, bias will not be introduced in our estimates of treatment-level effects since those variables and associated attrition will be evenly distributed across exposure conditions due to random assignment.

The only scenario under which our study findings may be subject to attrition bias is if the exposure conditions themselves introduce attrition. Based on our prior experience with similar projects, we do not expect this to be the case. There is no evidence, in the form of quantitative data or other information from prior KN studies, that exposure to stimuli similar to those we propose using induces attrition from longitudinal studies.

So far, we have discussed how to approach attrition at the “back-end” of a survey (i.e., how to mitigate bias due to nonresponse). Another option is to address attrition at the “front-end” of the study in order to ensure validity of the analysis. For example, suppose that the initial sample is “unbalanced” with regard to some important demographic variable(s) (e.g., suppose we obtain a sample that is predominantly higher-income Mothers). Then overall generalizations may be skewed because of this unbalance. Under this scenario, it is possible to account for this unbalance by means of appropriate models. However, another solution would be to draw a subsample of the initial sample, and to oversample the strata that are underrepresented in an appropriate ratio that would offset the under-representation.

2. Procedures for the Collection of Information

In partnership with Knowledge Networks, a sample will be selected of 1,895 parents or parent surrogates (e.g., stepmother, grandfather, foster parent, etc.) (1,137 mothers and 758 fathers) of children aged 10-14. When the efficacy study is assigned to the sampled panel members, they will receive notice in their password-protected e-mail account that the survey is available for completion. Nonrespondents will receive two e-mail reminders from Knowledge Networks requesting their participation in the survey. Copies of the e-mail notifications are in **Appendix G**. The surveys will be self-administered and accessible any time of day for a designated period. Participants can complete the survey only once. Mothers and fathers will be selected separately to avoid biasing the sample, and male and female participant screeners will be used to determine study eligibility. Eligible participants include English-speaking parents or parent surrogates of children aged 10-14. Informed consent will be sought from parents for participation in the Web survey. A copy of the consent form is in **Appendix E**. Parents will consent by selecting the appropriate link on the Web screen. Members may leave the panel at any time, and receipt of the Web TV and Internet service is not contingent on completion of the study.

Administration of the baseline and follow-up surveys and exposure to experiment stimuli will occur during three separate “sessions” that each respondent will be invited to participate in. Upon login to the first session, participants will be randomly assigned to 2 experiment conditions: (1) no media exposure; and (2) exposure to core Parents Speak Up National Campaign messages. All participants will then self-administer a 24-minute questionnaire at home on personal computers. Following completion of the baseline survey, participants that were assigned to the exposure condition will view campaign stimuli via online video streaming. Exposure to stimuli will be confirmed with a confirmed recall question at the end of this session.

Two weeks after the baseline session is completed, participants who were assigned to the exposure condition will be invited to participate in an additional session to view their assigned media materials again. Participants will be provided a unique Internet URL that will allow respondents to access the video using their PC or web-enabled device. Participation in this session is required for eligibility for the 4-week follow-up session.

All participants will then be invited to participate in the 4-week follow-up session that will begin with an additional viewing of campaign messages and ads (among those in the exposure condition) and then completion of the 4-week follow-up survey. This survey will include a few brief questions to measure how many times the respondent viewed the materials prior to the 4-week follow-up survey and whether they were viewed in a clear, audible way. Upon completion of all three study sessions, each respondent that was assigned to exposure conditions will have viewed their assigned stimuli an equal number of times. A more detailed description of the study’s stimuli exposure protocol is provided in **Appendix H**.

A 20,000 Knowledge Networks bonus point incentive (equivalent to \$20 cash) will be offered to participants who complete the baseline survey and 4-week follow-up survey. Following the 4-week follow-up assessment, mothers assigned to campaign exposure will be further assigned at random to either exposure to an additional set of Parents Speak Up National Campaign messages or to receive no additional exposure, effectively creating three conditions of high, normal, and no exposure among mothers over the course of the study. Data collection and exposure for fathers participating in the study will be accomplished in a similar manner, except that fathers participating

in the study will be assigned to two conditions: (1) no media exposure; and (2) exposure to *all* Parents Speak Up National Campaign messages.

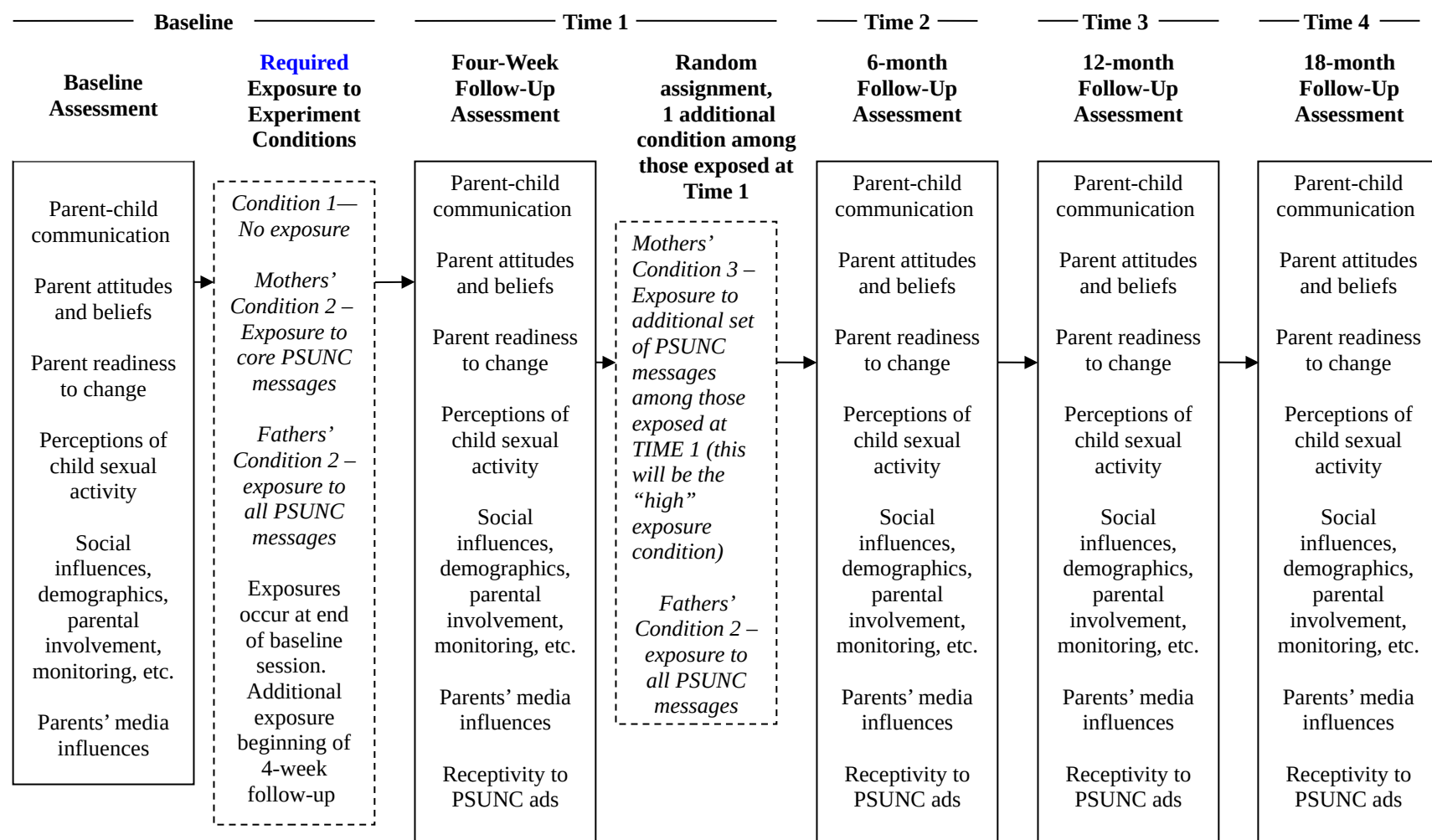
Knowledge Networks' technology will allow us to track the number of times each participant views the assigned stimuli during specific time periods, allowing us to validate the fidelity of experimental implementation. Three additional follow-up data collections will be conducted approximately 6, 12, and 18 months after baseline (as shown in **Exhibit 15**). A 20,000 Knowledge Networks bonus point incentive (equivalent to \$20 cash) will be offered to participants who complete the 6-month follow-up survey and an additional 10,000 Knowledge Networks bonus point incentive (equivalent to \$10 cash) will be offered to participants who complete the 12-month and 18-month surveys. Parents are difficult to engage in a survey about this sensitive topic without the use of a small incentive. The incentive is intended to recognize the time burden placed on them, encourage their cooperation, and to convey appreciation for contributing to this important study over five data collection periods. A detailed description of Knowledge Networks' panel recruitment methodology is in **Appendix I**.

3. Methods to Maximize Response Rates and Deal with Nonresponse

The following procedures were used to maximize cooperation and to achieve the desired high response rates:

- Recruitment through Knowledge Networks for some respondents averaging 70-75% response rate for the web-enabled panel.
- Knowledge Networks bonus point incentive in the amount of 20,000 (equivalent to \$20 cash) will be offered to participants who complete the baseline survey and 4-week and 6-month follow-up surveys. An additional 10,000 Knowledge Networks bonus point incentive (equivalent to \$10 cash) will be offered to participants who complete the 12-month and 18-month surveys.
- An attempt will be made to locate participants who leave the Knowledge Networks panel before the end of the efficacy study. Location efforts will include mailings of refusal conversion materials designed to persuade participants to complete the study. In addition to using mailed refusal conversion materials, Knowledge Networks will also conduct telephone-based refusal conversion, contacting each attriting participant via telephone.
- Knowledge Networks will provide a toll-free telephone number to all sampled individuals and invite them to call with any questions or concerns about any aspect of the study.
- Knowledge Networks data collection staff will work with RTI project staff to address concerns that may arise.

Exhibit 15. Study Design and Experimental Conditions



4. Tests of Procedures or Methods to be Undertaken

Knowledge Networks implemented an 8-case pilot test of the survey instrument prior to administration of the baseline survey. The purpose of the pilot test was twofold: (1) to assess technical aspects and functionality of the survey instrument and (2) to identify areas of the survey that were either unclear or difficult to understand.

Pilot test data collection was conducted during July 2006. Eligible participants came from a convenience sample of Knowledge Networks panel members who are parents or parent surrogates (e.g., stepmother, grandfather, foster parent, etc.) of children aged 10 to 12. This nationally representative panel of parents self-administered the baseline Web survey at home on personal computers. To obtain 8 completed questionnaires, Knowledge Networks invited a total of 14 panelists to participate in the pilot test. Parents selected for the study received an e-mail message from Knowledge Networks alerting them that they had a survey assignment. Nonrespondents received two e-mail reminders from Knowledge Networks requesting their participation in the survey. Mothers and fathers were selected separately and participant screeners were used to determine study eligibility. Participants were administered the core efficacy study survey instrument, including questions regarding parent-child communication, attitudes and beliefs, perceptions of child sexual activity, parental involvement and monitoring, and demographics.

Nine parents were contacted by e-mail. After two e-mail reminders from Knowledge Networks, a new parent was included in the sample, resulting in a total of 14 parents contacted. Among those invited, 1 parent was found to be ineligible and 8 parent surveys were completed for a 57% response rate.

In addition to the core questionnaire items from the Parents Speak Up National Campaign public service announcement survey, the pilot test instrument included additional items to assess the participants comfort level in answering the questions, the level of seriousness of their answers, their honesty level, length of the survey, the overall instrument, and specific instrument questions regarding their responses to the main survey items. Responses to these questions generally suggest that pilot test participants were comfortable answering each question, understood the survey, and were honest in providing their answers. A summary of findings from these questionnaire items is provided in **Exhibit 16**.

Exhibit 16. Pilot Test Responses to Questions About Survey Instrument

Pilot Test Item	Frequency	Response
Were there any questions that you did not feel comfortable answering?	8	No
How seriously did you answer the questions on this survey?	8	Very Seriously
How honestly did you answer the questions on this survey?	8	Very Honestly

What did you think about the length of the survey?	8	About right
Were there any questions that you didn't understand?	1 7	Yes No
How comfortable did you feel answering questions on this survey?	5 1 2	Very uncomfortable Somewhat uncomfortable Somewhat comfortable

Analyses of the pilot test data also indicated there were no significant technical problems with the survey instrument. No questions had unexplained missing data, there were no outlier values, all response options were labeled correctly, and all skip patterns appeared to function correctly. Our findings suggest that there were no logic or non-response problems with the survey, respondents were routed appropriately through the survey based on answers given to each question, and the data were accurately recorded. We also separately analyzed each question that included options for verbatim responses as a check for whether the specified list of response options in the survey adequately covered all of the potential responses that a participant could give. Analysis of verbatim response data indicated that verbatim response were generally not necessary as participants provided responses already available in the pre-coded list specified in the survey.

The pilot test also included a respondent debriefing of two participants, aimed at illuminating participants' thought processes and further identifying areas of the survey that were either unclear or difficult to understand. Debriefings were conducted in August 2006. A copy of the debriefing form is attached in **Appendix J**. Two participant debriefings were conducted via telephone after completion of the pilot test. The pilot test instrument contained two questions to assess whether participants would be willing to participate in a follow-up telephone debriefing. Pilot participants who indicated willingness to participate in the telephone follow-up were also asked to indicate days and times that they preferred to conduct the telephone debriefing. Knowledge Networks then contacted these participants, via telephone, to arrange an appointment for conducting the telephone debriefing. Two eligible participants were identified and interviewed for the telephone follow-up. The telephone debriefing consisted of a brief series of questions about the participants' impressions of the survey in terms of its ease of use, the sensitivity of the questions, its length, and any aspects of the survey that were difficult to understand.

The post-survey participant debriefings also indicated relatively few problems with the survey. Both debrief participants indicated that the survey was easily understood and did not contain any words or phrases that were unfamiliar to them. Each respondent also indicated that the survey instructions were always clear and there were never doubts about what to do in order to proceed through the survey. Neither of the debrief participants had any pre-formed thoughts about what type of organization or group was funding the survey. Each respondent also indicated that the survey was not overly long or burdensome and neither participant felt uncomfortable answering any of the questions (i.e., none of the survey questions were too sensitive for them).

Based on the findings of the pilot test, the survey appears to function as intended and is not overly burdensome, sensitive, or difficult to understand. Therefore, no substantive revisions were made to the survey instrument as a result of pilot testing.

5. **Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

The **agency official** responsible for receiving and approving contract deliverables is:

Leslie Raneri
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The person who **designed** the data collection is:

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The person who will **collect** the data is:

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The person who will **analyze** the data is:

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Appendix A

Public Law 108-447/ HR 4818-326, Consolidated Appropriations Act, 2005

PL 108-447/ H. R. 4818—326

CHILDREN AND FAMILIES SERVICES PROGRAMS

For carrying out, except as otherwise provided, the Runaway and Homeless Youth Act, the Developmental Disabilities Assistance and Bill of Rights Act, the Head Start Act, the Child Abuse Prevention and Treatment Act, sections 310 and 316 of the Family Violence Prevention and Services Act, as amended, the Native American Programs Act of 1974, title II of Public Law 95–266 (adoption opportunities), the Adoption and Safe Families Act of 1997 (Public Law 105–89), sections 1201 and 1211 of the Children’s Health Act of 2000, the Abandoned Infants Assistance Act of 1988, sections 261 and 291 of the Help America Vote Act of 2002, the Early Learning Opportunities Act, part B(1) of title IV and sections 413, 429A, 1110, and 1115 of the Social Security Act, and sections 40155, 40211, and 40241 of Public Law 103–322; for making payments under the Community Services Block Grant Act, sections 439(h), 473A, and 477(i) of the Social Security Act, and title IV of Public Law 105–285, and for necessary administrative expenses to carry out said Acts and titles I, IV, V, X, XI, XIV, XVI, and XX of the Social Security Act, the Act of July 5, 1960 (24 U.S.C. ch. 9), the Omnibus Budget Reconciliation Act of 1981, title IV of the Immigration and Nationality Act, section 501 of the Refugee Education Assistance Act of 1980, sections 40155, 40211, and 40241 of Public Law 103–322, and section 126 and titles IV and V of Public Law 100–485, \$9,069,853,000, of which \$32,103,000, to remain available until September 30, 2006, shall be for grants to States for adoption incentive payments, as authorized by section 473A of title IV of the Social Security Act (42 U.S.C. 670–679) and may be made for adoptions completed before September 30, 2005: *Provided further*, That \$6,898,580,000 shall be for making payments under the Head Start Act, of which \$1,400,000,000 shall become available October 1, 2005 and remain available through September 30, 2006: *Provided further*, That \$732,385,000 shall be for making payments under the Community Services Block Grant Act: *Provided further*, That not less than \$7,300,000 shall be for section 680(3)(B) of the Community Services Block Grant Act, *Provided further*, **That within amounts provided herein for abstinence education for adolescents, up to \$10,000,000 may be available for a national abstinence education campaign:** *Provided further*, That in addition to amounts provided herein, \$6,000,000 shall be available from amounts available under section 241 of the Public Health Service Act to carry out the provisions of section 1110 of the Social Security Act: *Provided further*, That to the extent Community Services Block Grant funds are distributed as grant funds by a State to an eligible entity as provided under the Act, and have not been expended by such entity, they shall remain with such entity for carryover into the next fiscal year for expenditure by such entity consistent with program purposes: *Provided further*, That the Secretary shall establish procedures regarding the disposition of intangible property which permits grant funds, or intangible assets acquired with funds authorized under section 680 of the Community Services Block Grant Act, as amended, to become the sole property of such grantees after a period of not more than 12 years after the end of the grant for purposes and uses consistent with the original grant: *Provided further*, That funds appropriated for section 680(a)(2) of the Community Services Block Grant Act, as amended, shall be available for financing construction and rehabilitation and loans or investments in private business enterprises owned by community development corporations: *Provided further*, That \$55,000,000 is for a compassion capital fund to provide grants to charitable organizations to emulate model social service programs and to encourage research on the best practices of social service organizations: *Provided further*, That \$15,000,000 shall be for activities authorized by the Help America Vote Act of 2002, of which \$10,000,000 shall be

for payments to States to promote access for voters with disabilities, and of which \$5,000,000 shall be for payments to States for protection and advocacy systems for voters with disabilities: *Provided further*, That \$100,000,000 shall be for making competitive grants to provide abstinence education (as defined by section 510(b)(2) of the Social Security Act) to adolescents, and for Federal costs of administering the grant: *Provided further*, That grants under the immediately preceding proviso shall be made only to public and private entities which agree that, with respect to an adolescent to whom the entities provide abstinence education under such grant, the entities will not provide to that adolescent any other education regarding sexual conduct, except that, in the case of an entity expressly required by law to provide health information or services the adolescent shall not be precluded from seeking health information or services from the entity in a different setting than the setting in which abstinence education was provided: *Provided further*, That in addition to amounts provided herein for abstinence education for adolescents, \$4,500,000 shall be available from amounts available under section 241 of the Public Health Services Act to carry out evaluations (including longitudinal evaluations) of adolescent pregnancy prevention approaches: *Provided further*, That \$2,000,000 shall be for improving the Public Assistance Reporting Information System, including grants to States to support data collection for a study of the system's effectiveness.

Appendix B

Efficacy Evaluation Data Collection Materials

Consent Form



Consent to Participate in Research

Title of Research: Study About Family Communication

Introduction

You are being asked to participate in a research study. Before you decide whether you want to take part in this study, you need to read this Informed Consent form so that you understand what the study is about and what you will be asked to do. This form also tells you who can be in the study, the risks and benefits of the study, how we will protect your information, and who you can call if you have questions. Please call Dr. Doug Evans, the researcher responsible for this study, at 1-800-334-8571 ext. 2058 (a toll-free number) about anything you don't understand before you make your decision.

Purpose

This study about family communication, paid for by the Office of Population Affairs (OPA), Department of Health and Human Services (DHHS), is being conducted by RTI International, a research organization located in North Carolina, and its subcontractor, Knowledge Networks, located in California. The purpose of this study is to learn about parents' attitudes, beliefs, and communication with their pre-teens and young teens about sex.

Procedures

If you agree to participate, you will be asked to complete a Web questionnaire at home on a personal computer.

You will be asked questions about things like your attitudes and beliefs about teen sex and family communication about this topic. Your pre-teen or young teen doesn't have to be sexually active for you to be in the study. You can skip any question you like. Your participation is entirely voluntary, and you can stop at anytime.

Study Duration

Your participation in the Web survey will take about 24 minutes of your time. There will be 4 additional surveys conducted 4 weeks, 6 months, 12 months, and 18 months after the initial survey. Each additional survey will take about the same amount of time to complete.

Possible Risks or Discomforts

It is possible that some of the survey questions may make you uncomfortable or upset. You can refuse to answer any question. There is a risk that your answers to the questionnaire could be seen by someone other than the project staff, but we promise to do our best to keep this from happening. It is also possible that a family member could view your questionnaire answers on your personal computer while the survey is in progress, which could create family problems. Your name will be replaced with a number for the purposes of this study. After all surveys are completed, a summary will be written that contains information from all participants, but no names. The staff conducting this study will not use your name in the report and will keep your answers private.

In addition to the risks and discomforts listed here, there may be uncommon or previously unknown risks. You should report any problems to Dr. Evans at 1-800-334-8571 ext. 2058 (a toll-free number).

Benefits

Your Benefits

There are no direct benefits to you from participating in this study.

Benefits for Other People

We hope that this research will help us understand more about family communication and improve related programs designed for families.

Payment for Participation

You will receive a total of 20,000 Knowledge Networks bonus points for your participation in this survey and the 4-week and 6-month follow-up surveys. You will receive an additional 10,000 Knowledge Networks bonus point incentive for completion of the 12-month and 18-month follow-up surveys.

Confidentiality

Many precautions have been taken to protect your information. Your name will be replaced with a number. Other personal information like your address and telephone number will be stored by Knowledge Networks separately from the answers you provide on the questionnaire. Your name, address, and phone number will not be shared with RTI. Any information you provide will be protected through a number of security measures. HHS will keep your information private except as compelled by law. ~~Data will be treated as confidential unless compelled by law.~~

The Institutional Review Board (IRB) at RTI has reviewed this research. An IRB is a group of people who are responsible for assuring that the rights of participants in research are protected.

The IRB may review the records of your participation in this research to assure that proper procedures were followed. A representative of the IRB may contact you for information about your experience with this research. This representative will be given your name, but will not be given any of your ~~confidential~~ study data. If you wish, you may refuse to answer any questions this person may ask. In addition, all project staff have signed confidentiality agreements.

Future Contacts

If you choose to participate in this survey, we will contact you to participate in the follow up surveys 4 weeks, 6 months, 12 months, and 18 months from now. If you choose not to participate, we will not contact you in the future.

Your Rights

Your decision to take part in this research study is completely voluntary. You can refuse any part of the study, and you can stop participating at any time. You can refuse to answer any question. If you decide to participate and later change your mind, you will not be contacted again or asked for further information.

Your Questions

If you have any questions about the study, you may call Dr. Doug Evans at RTI at 1-800-334-8571 ext. 2058 (a toll-free number). If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

PLEASE PRINT A COPY OF THIS CONSENT FORM TO KEEP.

Selecting the consent to participate link below indicates that you have read the information provided above, have received answers to your questions, and have freely decided to participate in this research. By agreeing to participate in this research, you are not giving up any of your legal rights.

Please select the appropriate link below.

I consent to participate in the study

I DO NOT consent to participate in the study

**Self-Administered Web Survey
(Baseline and Follow-Up Versions)**

**Parents Speak Up National Campaign
Parent Baseline Survey**

Web screen:

[NOTE: Consent form will precede the questions below, and contains introductory text about purpose of the survey, as well as providing information for informed consent. Consent form is included in the OMB supporting statement appendices.]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ----. The time required to complete this information collection is estimated to average 24 minutes per response, including the time to review instructions and complete the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to:

OMB NO.:	U.S. Department of Health & Human Services; OS/OCIO/PRA;
EXPIRATION DATE:	200 Independence Ave., S.W., Suite 531-H; Washington D.C. 20201; Attention: PRA Reports Clearance Officer

Q1. Let's begin the interview now. Once again, your answers will be kept private, and your name will be replaced with an ID number to protect your privacy.

We are interested in your opinion about the parent-child communication and teen sexual activity. If you're not sure, choose an answer that comes closest to what you think might be true for each activity.

Before we start, are you the only one who can see the questions and your answers?

- 1. Yes
- 2. No (GO TO EXIT SCREEN TO ALLOW PARENT TO CONTINUE ANOTHER TIME)
- 99 SKIPPED

Q2. Is {CHILD NAME} a boy or girl? [Already asked in screening, Knowledge Networks will confirm whether this info can be delivered from screening or needs to be asked again. Same with age of child]

- 1. Boy
- 2. Girl
- 99 SKIPPED

A. PARENT-CHILD RELATIONSHIP

The first questions are about your relationship with {CHILD NAME}.

Q3. In the past 30 days, how many times have you done the following things with {CHILD NAME}?

	At least Once a week	At least once a month	Less Often	Never	SKIPPED
a. Gone shopping					
b. Gone to a movie, sport event, concert, play, or museum					
c. Watched an entire television show together					

Q4. For the following list of activities, indicate whether this is something you and {CHILD NAME} do together at least once a week, at least once a month, less often, or never. How often do you. . .

	At least Once a week	At least once a month	Less Often	Never	SKIPPED
a. Go to religious services or other religious activities together	1	2	3	4	99
b. Do homework or school projects when school is in session	1	2	3	4	99
c. Attend a party or a family gathering together	1	2	3	4	99
d. Do volunteer work together to help other people or improve your neighborhood	1	2	3	4	99
e. Play a game or sport together	1	2	3	4	99

Q5. How often do you feel you miss events or activities that are important to {CHILD NAME}? Is it a lot, sometimes, or almost never?

1. A lot
2. Sometimes
3. Almost never
99. SKIPPED

Q6. About how many close friends does {CHILD NAME} have? By close friends, I mean friends that he/she spends a lot of his/her free time with.

1. None (SKIP TO Q7)
2. One
3. Two to four
4. Five to eight
5. Nine to fifteen
6. Sixteen to twenty-five
7. Twenty-six or more
99. SKIPPED

Q6a. Do you know (this friend/all of these friends) by sight and by first and last name?

1. Yes (SKIP TO Q7)
2. No
99. SKIPPED

Q6b. About how many of these close friends do you know by sight and by first and last name? Is it...

1. All of them
2. Most of them
3. Some of them
4. None of them
99. SKIPPED

Q7. About how often do you know who {CHILD NAME} is with when (he/she) is not at home or in school? Would you say you know who {CHILD NAME} is with...

1. All the time
2. Most of the time
3. Some of the time
4. Only rarely
99. SKIPPED

Q8. About how often do you know what {CHILD NAME} is doing when (he/she) is not at home or in school? Would you say you know what he/she is doing...

1. All the time

- 2. Most of the time
- 3. Some of the time
- 4. Only rarely
- 99. SKIPPED

Q9. How often do you monitor what {CHILD NAME} watches on TV?

- 1. Often
- 2. Sometimes
- 3. Rarely
- 4. Never
- 5. SKIPPED

Q10. How often do you put restrictions on the music, CDs, or videogames {CHILD NAME} can play?

- 1. Often
- 2. Sometimes
- 3. Rarely
- 4. Never
- 99. SKIPPED

Q11. Which of the following does {CHILD NAME} have in his/her bedroom?

- | | Yes | No | SKIPPED |
|-------------------------------|-----|----|---------|
| 1. Television | | | |
| 2. Cable TV connection | | | |
| 3. Computer | | | |
| 4. Internet connection | | | |
| 5. CD player/stereo | | | |
| 6. iPod | | | |
| 7. Video games | | | |
| 8. Other media (specify)_____ | | | |

Q11. How often would it be true for you to make each of the following statements about {CHILD NAME}?

- | | Always | Often | Sometimes | Seldom | Never | SKIPPED |
|--|--------|-------|-----------|--------|-------|---------|
| a. You get along well with him/her | 1 | 2 | 3 | 4 | 5 | 99 |
| b. {CHILD NAME} and you make decisions about his/her life together | 1 | 2 | 3 | 4 | 5 | 99 |
| c. You just do not understand him/her | 1 | 2 | 3 | 4 | 5 | 99 |
| d. You feel you can really trust him/her | | | | | | |

- e. He/she interferes
with your activities 1 2 3 4 5 99

Q12. How do you think you and {CHILD NAME} communicate with each other?

a. When {CHILD NAME} asks questions, he/she gets honest answers from you.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

b. You help {CHILD NAME} to understand himself/herself better.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q13. During the past 12 months, how many times have you argued or had a fight with {CHILD NAME}?

- 1 0 times
- 2 1 or 2 times
- 3 3 to 5 times
- 4 6 to 9 times
- 5 10 or more times
- 99 SKIPPED

B. PARENT ATTITUDES, BELIEFS AND PERCEPTIONS OF TEEN NORMS & OUTCOME EFFICACY

The next questions ask about your opinions about sexual activity and teens. For each of the following, please indicate how much you agree or disagree with the statement:

Q14a. Sexual activity is likely to have harmful psychological effects for teens.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly Disagree
- 99 SKIPPED

Q14b. Sexual activity is likely to have harmful physical effects for teens.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly Disagree
- 99 SKIPPED

Q15. When it comes to teens' decisions about sexual activity, which of the following influences them the most?

1. Parents
2. Morals, values, and/or religious beliefs
3. Friends
4. The media
5. Teachers and sex educators
6. Worries about pregnancy
7. Worries about STDs
99. SKIPPED

Q16. Waiting to have sex is the most effective way to prevent health risks like unwanted pregnancy or HIV/STDs. Do you. . .

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
99. SKIPPED

Q17. It would be much easier for teens to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
- 99 SKIPPED

Q18. Earlier you answered a question about waiting to have sex as the most effective way to prevent health risks like unwanted pregnancy or HIV/STDs. How were you defining sex? Do you include:

	Yes	No	SKIPPED
1. Vaginal sex (sexual intercourse)	1	2	99
2. Oral sex	1	2	99
3. Anal sex	1	2	99
4. Intimate touching (skin-to-skin contact)	1	2	99

Q19. To what age do you think boys should wait before being sexually active—until they are 12, 14, 16, 18, 21, or until they are married?

1. Until they are 12
2. Until they are 14
3. Until they are 16
4. Until they are 18
5. Until they are 21
6. Until they are married
99. SKIPPED

Q20. Do you think most boys will actually wait that long or will most be sexually active earlier?

1. Will wait
2. Will have intercourse earlier
99. SKIPPED

Q21. To what age do you think girls should wait before being sexually active—until they are 12, 14, 16, 18, 21, or until they are married?

1. Until they are 12
2. Until they are 14
3. Until they are 16
4. Until they are 18
5. Until they are 21
6. Until they are married
- 99 SKIPPED

Q22. Do you think most girls will actually wait that long or will most be sexually active earlier?

1. Will wait
2. Will have intercourse earlier
- 99 SKIPPED.

The next questions are about certain topics you may discuss with {CHILD NAME}. Please indicate how sure or unsure you are about this statement.

Q23. How sure are you that you can always explain to {CHILD NAME}. . .

a. . . why he/she should wait until he/she is older to be sexually active?

1. Completely sure
2. Very sure
3. Somewhat sure
4. Neither sure nor unsure
5. Somewhat unsure
6. Very unsure
7. Not sure at all
99. SKIPPED

b. . . how to make a boy/girl (OPPOSITE SEX OF CHILD) wait until he/she (CHILD'S SEX) is ready to be sexually active?

1. Completely sure
2. Very sure
3. Somewhat sure
4. Neither sure nor unsure
5. Somewhat unsure
6. Very unsure
7. Not sure at all
99. SKIPPED

c. . . how to tell a boy/girl no if he/she does not want to be sexually active?

1. Completely sure
2. Very sure
3. Somewhat sure
4. Neither sure nor unsure
5. Somewhat unsure
6. Very unsure
7. Not sure at all
99. SKIPPED

d. . . ways to have fun with a boy/girl without being sexually active?

- 1 Completely sure
- 2 Very sure
- 3 Somewhat sure
- 4 Neither sure nor unsure
- 5 Somewhat unsure
- 6 Very unsure
- 7 Not sure at all
- 99 SKIPPED

Q24. How likely do you think {CHILD NAME} would be to be sexually active if asked by someone he/she was dating as a young teen? Would you say. . . .

- 1. Very likely
- 2. Somewhat likely
- 3. Not very likely
- 4. Not at all likely
- 99 SKIPPED

Q25. What are your expectations about talking with {CHILD NAME}? If you talk early and often with {CHILD NAME} about sexual topics (such as waiting to be sexually active until he/she is older). . . .

a. . . {CHILD NAME} will be less likely to be sexually active as a young teen. Do you. . . .

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

b. . . {CHILD NAME} will not listen to what you say.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

c. . . {CHILD NAME} will not think you are judgmental.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

d. . . you will be a hypocrite.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

e. . . {CHILD NAME} would understand the benefits of waiting to become sexually active.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99 SKIPPED

**f. . . {CHILD NAME} would rebel and want to engage in sexual activity even more.
Do you. . .**

- 1. Strongly agree
- 2. Agree
- 1 Disagree
- 2 Strongly disagree
- 99 SKIPPED

How much do you agree or disagree with each of the following statements?

Q26. By effectively talking with {CHILD NAME} about delaying sexual activity, you will be able to positively impact {CHILD NAME}'s future success and happiness.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99 SKIPPED

Q27. If you can convince {CHILD NAME} to wait to have sex, he/she will have a better chance to succeed as an adult.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q28. You have heard that you should talk early and often to {CHILD NAME} about waiting to have sex.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q29. You really don't know enough about sexual activity or waiting to have sex to talk about them with {CHILD NAME}.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q30. It is not too late for you to start talking with {CHILD NAME} about sexual activity or waiting to have sex.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q31. You are sure this is the right developmental time to talk with {CHILD NAME} about sexual activity and waiting to have sex.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q32. Education about sexual activity and waiting to have sex is best handled by the schools or medical professionals, not parents.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q33. It is easy for you to find time to talk with {CHILD NAME} about sexual activity and waiting to have sex.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

Q34. It would be difficult for you to explain things if you talked with {CHILD NAME} about sexual activity or waiting to have sex.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99 SKIPPED

Q35. You disapprove of {CHILD NAME}'s being sexually active as a teenager. Do you...

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99 SKIPPED

Q36. You feel trapped by your responsibilities as a parent. Do you. . .

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 99 SKIPPED

Q37. You find that taking care of your child(ren) is much more work than pleasure. Do you. . .

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 5 Strongly disagree
- 99 SKIPPED

C. CHILD CHARACTERISTICS

Now there are a few questions about {CHILD NAME}.

Q38. How advanced is {CHILD NAME}'s physical development compared with other boys/girls his/her age?

- 1. He/she looks younger than most
- 2. He/she looks younger than some
- 3. He/she looks about average
- 4. He/she looks older than some
- 5. He/she looks older than most
- 99. SKIPPED

Q39. Your child shows physical signs of puberty, such as changing voice for boys or beginning of menstrual cycle for girls.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99. Skipped

Q40 Has {CHILD NAME} completed or is he/she currently participating in a sex education course at school?

- 1. Yes
- 2. No
- 99 SKIPPED

Q41. Do you think that {CHILD NAME} has ever been sexually active? By sexually active, we mean not as a result of abuse or coercion.

- 1. Yes
- 2. No (SKIP TO Q42)
- 99. SKIPPED

Q41a. How old do you think {CHILD NAME} was when (he/she) first became sexually active?

1. Younger than 8 years old
 2. 8 years old
 3. 9 years old
 4. 10 years old
 5. 11 years old
 6. 12 years old
 7. 13 years old
 8. 14 years old (DO NOT ALLOW ANSWERS OLDER THAN CHILD'S
CURRENT AGE)
- 99 SKIPPED

D. PARENTAL BEHAVIOR

Q42. How often have you initiated conversations with {CHILD NAME} about sexual activity or waiting to have sex?

1. Often
 2. Sometimes
 3. Seldom
 4. Never
99. SKIPPED

Q43. How much have you talked to {CHILD NAME} about being sexually active?

1. A great deal
 2. A moderate amount
 3. Somewhat
 4. Not at all (SKIP TO Q44)
- 99 SKIPPED

Q43a. (ONLY ASK IF Q41=YES AND Q43<4): When did you talk with {CHILD NAME} about being sexually active? Was it. . .

1. Before you found out he/she was sexually active
 2. After you found out he/she was sexually active
 3. Both before and after you found out he/she was sexually active
99. SKIPPED

Q44. How much have you and {CHILD NAME} talked about (his/her) being sexually active and. . .

	A Deal	A great amount	Somewhat moderate	Not at all	SKIPPED
a. The biology of sex and pregnancy	1	2	3	4	99
b. Issues about dating and relationships	1	2	3	4	99
c. Whether to wait to be sexually active until you are married	1	2	3	4	99
d. The negative or bad things that would happen if (he got someone/she got) pregnant?	1	2	3	4	99
e. The dangers of getting a sexually transmitted disease?	1	2	3	4	99
f. The negative or bad impact on (his/her) social life because (he/she) would lose the respect of others?	1	2	3	4	99
g. The moral issues of not having sexual intercourse?	1	2	3	4	99

Q45. Have you asked (recommended) that {CHILD NAME} wait to have sex?

1. Yes
2. No
- 99 SKIPPED

Q46. How often do you and {CHILD NAME} talk about media messages and images that promote or glamorize teen sexual activity?

- 1 Every Day
- 2 Weekly
- 3 Monthly
- 4 Every few months
- 5 Never
- 99 SKIPPED

E. RELIGIOSITY AND EXPOSURE TO OTHER PREVENTION

The next few questions ask about you!

Q47. These questions are about the role that religious beliefs may play in your life. For each statement, please indicate whether you strongly disagree, disagree, agree, or strongly agree.

a. Your religious beliefs are a very important part of your life.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99. SKIPPED

b. Your religious beliefs influence how you make decisions in your life.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99. SKIPPED

Q48. In the past 12 months, have you seen or heard about any programs or activities in your community aimed at helping children delay sexual activity?

1. Yes
2. No (SKIP TO Q50)
98. DON'T KNOW (SKIP TO Q50)
99. REFUSED (SKIP TO Q50)

Q49. Which of the following best describes the kinds of programs or activities in your community aimed at helping children delay sexual activity?

1. Educational program during school time at{CHILD NAME}'s school
2. After-school program at a community center
3. Youth-organized group
4. Program at a local church or other place of worship
5. Other (specify): _____
98. DON'T KNOW (CONTINUE WITH Q50)
99. REFUSED (SKIP TO Q50)

G. MODERATOR VARIABLES

There are just a few more questions. They are about your media use and background.

Q50. Please answer the following questions about the “www.4parents.gov” website:

a. Have you ever visited the website “www.4parents.gov”?

1. Yes (CONTINUE WITH Q50b)
2. No (SKIP TO Q51)
8. Don't know (SKIP TO Q51)

99 SKIPPED

b. Please indicate which of the following actions you took when you visited the “4parents.gov” website (Check all that apply)

YES NO SKIPPED

1. Read the overview information on the home page of the site
2. Visited the “The Basic Facts” section that provide information about puberty, reproductive health and pregnancy, and risky
3. Visited the “Talking with Your Pre-Teen or Teen about Waiting” section that discuss how to have a good relationship with your child and why and how to talk with your teen about waiting to have sex
4. Visited the “What Every Parent Needs to Know” section that provide information and conversation starters on what parents should know when communicating with their child about sex
5. Visited the “WISE way to Raise Kids” page that discuss how to initiate conversations with your child

6. Visited the “Power of Parents” page that discusses the influence of parents in the decisions of their children
7. Looked at or downloaded the Parents Speak Up or Teen Chat booklets

Q51. During the past 7 days, on average, how many hours a day did you:

ENTER TIME TO NEAREST HALF-HOUR

1. Watch TV _____?
2. Listen to the radio _____?
3. Browse or surf the Internet _____?
4. Read magazines _____?

Q52. How far did you go in school?

1. 8th grade or less
2. More than 8th grade, but did not graduate from high school
3. Went to a business, trade, or vocational school instead of high school
4. High school graduate
5. Completed a GED
6. Went to a business, trade, or vocational school after high school
7. Went to college, but did not graduate
8. Graduated from a college or university
9. Professional training beyond a 4-year college or university
10. Never went to school
- 99 SKIPPED

Q53. What is your current marital status?

1. Currently married
2. Widowed
3. Divorced
4. Separated
5. Never been married
8. Don't know
- 99 SKIPPED

Q54. What is your relationship with {CHILD NAME}?

- 1 Biological mother/father
- 2 Stepmother/father
- 3 Adoptive mother/father
- 4 Foster mother/father
- 5 Other: _____
- 99 SKIPPED

Q55. Does {CHILD NAME}'s father/mother or a person like a father/mother to {CHILD NAME} live in the home?

- 1 Yes
- 2 No (SKIP TO Q57)
- 99 SKIPPED (SKIP TO Q57)

Q56. What is his/her relationship to {CHILD NAME}?

- 1 Biological father/mother
- 2 Stepfather/mother
- 3 Adoptive father/mother
- 4 Foster father/mother
- 5 Other: _____
- 99 SKIPPED

Q57. Are you currently employed full-time, part-time, or not employed?

- 1. Full-time
- 2. Part-time
- 3. Not employed
- 8. DON'T KNOW
- 99 SKIPPED

Q58. The next question is about the total family income from all sources during 2006. We would like you to combine everyone's income. Before taxes and other deductions, was the total combined family income during 2006. . . .

- 1. Less than \$25,000
- 2. \$25,000-\$49,999
- 3. \$50,000-\$74,999
- 4. \$75,000-\$99,999
- 5. \$100,000-\$124,999
- 6. \$125,000-\$149,999
- 7. \$150,000 or more
- 8. DON'T KNOW
- 99 SKIPPED

Q59. Are you Hispanic or Latino

- 1 Yes
- 2 No (SKIP TO Q61)
- 99 SKIPPED

Q60. How would you describe your Hispanic origin or descent?

1. Mexican
2. Puerto Rican
3. Cuban
4. Central American
5. South American
6. Other [specify]_____
99. SKIPPED

Q61. How do you describe yourself? You can choose more than one of the following categories.

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other (specify):_____
99. SKIPPED

Q62. (ASK ONLY IF MORE THAN ONE ANSWER SELECTED FOR Q61): Which one of these groups best describes you? Choose only one of the following.

(PRESENT ONLY OPTIONS MENTIONED IN Q61)

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other, specify _____
99. SKIPPED

Q63. [IF Q59=1 (HISPANIC):] How much do you watch Spanish and English television? Would you say...

1. Only Spanish
2. Spanish more than English
3. Spanish and English equally
4. English more than Spanish
5. English only

99 SKIPPED

Q64. In what country were you born?

1. U.S.
2. Other, specify_____
- 99 SKIPPED

**Parents Speak Up National Campaign
Parent Follow-Up Survey**

Web screen:

[NOTE: Consent form will precede the questions below, and contains introductory text about purpose of the survey, as well as providing information for informed consent. Consent form is included in the OMB supporting statement appendices.]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is ----. The time required to complete this information collection is estimated to average 24 minutes per response, including the time to review instructions and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

OMB NO.:	U.S. Department of Health & Human Services; OS/OCIO/PRA;
EXPIRATION DATE:	200 Independence Ave., S.W., Suite 531-H; Washington D.C. 20201; Attention: PRA Reports Clearance Officer

Q1. Let's begin the interview now. Once again, your answers will be kept private, and your name will be replaced with an ID number to protect your privacy.

We are interested in your opinion about parent-child communication and teen sexual activity. If you're not sure, choose an answer that comes closest to what you think might be true for each activity.

Before we start, are you the only one who can see the questions and your answers?

- 3. Yes
- 4. No (GO TO EXIT SCREEN TO ALLOW PARENT TO CONTINUE ANOTHER TIME)
- 99 SKIPPED

Q2. Is {CHILD NAME} a boy or girl? [Already asked in screening, Knowledge Networks will confirm whether this info can be delivered from screening or needs to be asked again. Same with age of child]

- 1. Boy
- 2. Girl
- 99 SKIPPED

A. PARENT-CHILD RELATIONSHIP

The first questions are about your relationship with {CHILD NAME}.

Q3. In the past 30 days, how many times have you done the following things with {CHILD NAME}?

		At least Once a week	At least once a month	Less Often	Never	SKIPPED
d.	Gone shopping					
e.	Gone to a movie, sport event, concert, play, or museum					
f.	Watched an entire television show together					

Q4. For the following list of activities, indicate whether this is something you and {CHILD NAME} do together at least once a week, at least once a month, less often, or never. How often do you. . .

		At least Once a week	At least once a month	Less Often	Never	SKIPPED
a.	Go to religious services or other religious activities together	1	2	3	4	99
b.	Do homework or school projects when school is in session	1	2	3	4	99
c.	Attend a party or a family gathering together	1	2	3	4	99
d.	Do volunteer work together to help other people or improve your neighborhood	1	2	3	4	99
e.	Play a game or sport together	1	2	3	4	99

Q5. How often do you feel you miss events or activities that are important to {CHILD NAME}? Is it a lot, sometimes, or almost never?

- 4. A lot
- 5. Sometimes
- 6. Almost never
- 99. SKIPPED

Q6. About how many close friends does {CHILD NAME} have? By close friends, I mean friends that he/she spends a lot of his/her free time with.

- 8. None (SKIP TO Q7)
- 9. One
- 10. Two to four
- 11. Five to eight
- 12. Nine to fifteen
- 13. Sixteen to twenty-five
- 14. Twenty-six or more
- 99. SKIPPED

Q6a. Do you know (this friend/all of these friends) by sight and by first and last name?

- 3. Yes (SKIP TO Q7)
- 4. No
- 99. SKIPPED

Q6b. About how many of these close friends do you know by sight and by first and last name? Is it. . .

- 5. All of them
- 6. Most of them
- 7. Some of them
- 8. None of them
- 99. SKIPPED

Q7. About how often do you know who {CHILD NAME} is with when (he/she) is not at home or in school? Would you say you know who {CHILD NAME} is with. . .

- 5. All the time
- 6. Most of the time
- 7. Some of the time
- 8. Only rarely
- 99. SKIPPED

Q8. About how often do you know what {CHILD NAME} is doing when (he/she) is not at home or in school? Would you say you know what he/she is doing. . .

- 5. All the time

- 6. Most of the time
- 7. Some of the time
- 8. Only rarely
- 99. SKIPPED

Q9. How often do you monitor what {CHILD NAME} watches on TV?

- 6. Often
- 7. Sometimes
- 8. Rarely
- 9. Never
- 10. SKIPPED

Q10. How often do you put restrictions on the music, CDs, or videogames {CHILD NAME} can play?

- 5. Often
- 6. Sometimes
- 7. Rarely
- 8. Never
- 100. SKIPPED

Q11. Which of the following does {CHILD NAME} have in his/her bedroom?

- | | Yes | No | SKIPPED |
|--------------------------------|-----|----|---------|
| 9. Television | | | |
| 10. Cable TV connection | | | |
| 11. Computer | | | |
| 12. Internet connection | | | |
| 13. CD player/stereo | | | |
| 14. iPod | | | |
| 15. Video games | | | |
| 16. Other media (specify)_____ | | | |

Q11. How often would it be true for you to make each of the following statements about {CHILD NAME}?

- | | Always | Often | Sometimes | Seldom | Never | SKIPPED |
|--|--------|-------|-----------|--------|-------|---------|
| f. You get along well with him/her | 1 | 2 | 3 | 4 | 5 | 99 |
| g. {CHILD NAME} and you make decisions about his/her life together | 1 | 2 | 3 | 4 | 5 | 99 |
| h. You just do not understand him/her | 1 | 2 | 3 | 4 | 5 | 99 |
| i. You feel you can really trust him/her | | | | | | |

- j. He/she interferes
with your activities 1 2 3 4 5 99

Q12. How do you think you and {CHILD NAME} communicate with each other?

c. When {CHILD NAME} asks questions, he/she gets honest answers from you.

- 5 Strongly agree
6 Agree
7 Disagree
8 Strongly disagree
99 SKIPPED

d. You help {CHILD NAME} to understand himself/herself better.

- 5 Strongly agree
6 Agree
7 Disagree
8 Strongly disagree
99 SKIPPED

Q13. During the past 12 months, how many times have you argued or had a fight with {CHILD NAME}?

- 6 0 times
7 1 or 2 times
8 3 to 5 times
9 6 to 9 times
10 10 or more times
100 SKIPPED

B. PARENT ATTITUDES, BELIEFS AND PERCEPTIONS OF TEEN NORMS & OUTCOME EFFICACY

The next questions ask about your opinions about sexual activity and teens. For each of the following, please indicate how much you agree or disagree with the statement:

Q14a. Sexual activity is likely to have harmful psychological effects for teens.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly Disagree
99 SKIPPED

Q14b. Sexual activity is likely to have harmful physical effects for teens.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly Disagree
- 99 SKIPPED

Q15. When it comes to teens' decisions about sexual activity, which of the following influences them the most?

8. Parents
9. Morals, values, and/or religious beliefs
10. Friends
11. The media
12. Teachers and sex educators
13. Worries about pregnancy
14. Worries about STDs
99. SKIPPED

Q16. Waiting to have sex is the most effective way to prevent health risks like unwanted pregnancy or HIV/STDs. Do you. . .

1. Strongly agree
2. Agree
5. Disagree
6. Strongly disagree
99. SKIPPED

Q17. It would be much easier for teens to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents.

1. Strongly agree
5. Agree
6. Disagree
7. Strongly disagree
- 99 SKIPPED

Q18. Earlier you answered a question about waiting to have sex as the most effective way to prevent health risks like unwanted pregnancy or HIV/STDs. How were you defining sex? Do you include:

	Yes	No	SKIPPED
1. Vaginal sex (sexual intercourse)	1	2	99
2. Oral sex	1	2	99
3. Anal sex	1	2	99
4. Intimate touching (skin-to-skin contact)	1	2	99

Q19. To what age do you think boys should wait before being sexually active—until they are 12, 14, 16, 18, 21, or until they are married?

- 7. Until they are 12
- 8. Until they are 14
- 9. Until they are 16
- 10. Until they are 18
- 11. Until they are 21
- 12. Until they are married
- 99. SKIPPED

Q20. Do you think most boys will actually wait that long or will most be sexually active earlier?

- 3. Will wait
- 4. Will have intercourse earlier
- 99. SKIPPED

Q21. To what age do you think girls should wait before being sexually active—until they are 12, 14, 16, 18, 21, or until they are married?

- 7. Until they are 12
- 8. Until they are 14
- 9. Until they are 16
- 10. Until they are 18
- 11. Until they are 21
- 12. Until they are married
- 99 SKIPPED

Q22. Do you think most girls will actually wait that long or will most be sexually active earlier?

- 3. Will wait
- 4. Will have intercourse earlier
- 99 SKIPPED.

The next questions are about certain topics you may discuss with {CHILD NAME}. Please indicate how sure or unsure you are about this statement.

Q23. How sure are you that you can always explain to {CHILD NAME}. . .

a. . . why he/she should wait until he/she is older to be sexually active?

- 8. Completely sure
- 9. Very sure
- 10. Somewhat sure
- 11. Neither sure nor unsure
- 12. Somewhat unsure
- 13. Very unsure
- 14. Not sure at all
- 100. SKIPPED

b. . . how to make a boy/girl (OPPOSITE SEX OF CHILD) wait until he/she (CHILD'S SEX) is ready to be sexually active?

- 8. Completely sure
- 9. Very sure
- 10. Somewhat sure
- 11. Neither sure nor unsure
- 12. Somewhat unsure
- 13. Very unsure
- 14. Not sure at all
- 100. SKIPPED

c. . . how to tell a boy/girl no if he/she does not want to be sexually active?

- 8. Completely sure
- 9. Very sure
- 10. Somewhat sure
- 11. Neither sure nor unsure
- 12. Somewhat unsure
- 13. Very unsure
- 14. Not sure at all
- 99. SKIPPED

d. . . ways to have fun with a boy/girl without being sexually active?

- 1 Completely sure
- 2 Very sure
- 3 Somewhat sure
- 4 Neither sure nor unsure
- 5 Somewhat unsure
- 6 Very unsure
- 7 Not sure at all
- 99 SKIPPED

Q24. How likely do you think {CHILD NAME} would be to be sexually active if asked by someone he/she was dating as a young teen? Would you say. . . .

- 5. Very likely
- 6. Somewhat likely
- 7. Not very likely
- 8. Not at all likely
- 99 SKIPPED

Q25. What are your expectations about talking with {CHILD NAME}? If you talk early and often with {CHILD NAME} about sexual topics (such as waiting to be sexually active until he/she is older). . . .

e. . . {CHILD NAME} will be less likely to be sexually active as a young teen. Do you. . . .

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

b. . . {CHILD NAME} will not listen to what you say.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

c. . . {CHILD NAME} will not think you are judgmental.

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

d. . . you will be a hypocrite.

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

e. . . {CHILD NAME} would understand the benefits of waiting to become sexually active.

- 5. Strongly agree
- 6. Agree
- 7. Disagree
- 8. Strongly disagree
- 99 SKIPPED

**f. . . {CHILD NAME} would rebel and want to engage in sexual activity even more.
Do you. . .**

- 1. Strongly agree
- 2. Agree
- 3 Disagree
- 4 Strongly disagree
- 99 SKIPPED

How much do you agree or disagree with each of the following statements?

Q26. By effectively talking with {CHILD NAME} about delaying sexual activity, you will be able to positively impact {CHILD NAME}'s future success and happiness.

- 5. Strongly agree
- 6. Agree
- 7. Disagree
- 8. Strongly disagree
- 99 SKIPPED

Q27. If you can convince {CHILD NAME} to wait to have sex, he/she will have a better chance to succeed as an adult.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 100 SKIPPED

Q28. You have heard that you should talk early and often to {CHILD NAME} about waiting to have sex.

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- 100 SKIPPED

Q29. You really don't know enough about sexual activity or waiting to have sex to talk about them with {CHILD NAME}.

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

Q30. It is not too late for you to start talking with {CHILD NAME} about sexual activity or waiting to have sex.

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

Q31. You are sure this is the right developmental time to talk with {CHILD NAME} about sexual activity and waiting to have sex.

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

Q32. Education about sexual activity and waiting to have sex is best handled by the schools or medical professionals, not parents.

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

Q33. It is easy for you to find time to talk with {CHILD NAME} about sexual activity and waiting to have sex.

- 5 Strongly agree
- 6 Agree
- 7 Disagree
- 8 Strongly disagree
- 99 SKIPPED

Q34. It would be difficult for you to explain things if you talked with {CHILD NAME} about sexual activity or waiting to have sex.

- 5. Strongly agree
- 6. Agree
- 7. Disagree
- 8. Strongly disagree
- 99 SKIPPED

Q35. You disapprove of {CHILD NAME}'s being sexually active as a teenager. Do you...

- 5. Strongly agree
- 6. Agree
- 7. Disagree
- 8. Strongly disagree
- 99 SKIPPED

Q36. You feel trapped by your responsibilities as a parent. Do you. . .

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 99 SKIPPED

Q37. You find that taking care of your child(ren) is much more work than pleasure. Do you. . .

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 5 Strongly disagree
- 99 SKIPPED

C. CHILD CHARACTERISTICS

Now there are a few questions about {CHILD NAME}.

Q38. How advanced is {CHILD NAME}'s physical development compared with other boys/girls his/her age?

- 1. He/she looks younger than most
- 2. He/she looks younger than some
- 3. He/she looks about average
- 4. He/she looks older than some
- 5. He/she looks older than most
- 99. SKIPPED

Q39. Your child shows physical signs of puberty, such as changing voice or hair growth for boys, or beginning of menstrual cycle or breast growth for girls.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 99. Skipped

Q40. Has {CHILD NAME} completed or is he/she currently participating in a sex education course at school?

- 1. Yes
- 2. No
- 99 SKIPPED

Q41. Do you think that {CHILD NAME} has ever been sexually active? By sexually active, we mean not as a result of abuse or coercion.

- 1. Yes
- 2. No (SKIP TO Q42)
- 99 SKIPPED

Q41a. How old do you think {CHILD NAME} was when (he/she) first became sexually active?

1. Younger than 8 years old
2. 8 years old
3. 9 years old
4. 10 years old
5. 11 years old
6. 12 years old
7. 13 years old
8. 14 years old
9. 15 years old
10. 16 years old (DO NOT ALLOW ANSWERS OLDER THAN CHILD'S CURRENT AGE)
- 99 SKIPPED

D. PARENTAL BEHAVIOR

Q42. How often have you initiated conversations with {CHILD NAME} about sexual activity or waiting to have sex?

5. Often
6. Sometimes
7. Seldom
8. Never
100. SKIPPED

Q43. How much have you talked to {CHILD NAME} about being sexually active?

5. A great deal
6. A moderate amount
7. Somewhat
8. Not at all (SKIP TO Q44)
- 99 SKIPPED

Q43a. (ONLY ASK IF Q41=YES AND Q43<4): When did you talk with {CHILD NAME} about being sexually active? Was it. . .

1. Before you found out he/she was sexually active
2. After you found out he/she was sexually active
3. Both before and after you found out he/she was sexually active
99. SKIPPED

Q44. How much have you and {CHILD NAME} talked about (his/her) being sexually active and. . .

	A Deal	A great amount	Somewhat moderate	Not at all	SKIPPED
a. The biology of sex and pregnancy	1	2	3	4	99
f. Issues about dating and relationships	1	2	3	4	99
g. Whether to wait to be sexually active until you are married	1	2	3	4	99
h. The negative or bad things that would happen if (he got someone/she got) pregnant?	1	2	3	4	99
e. The dangers of getting a sexually transmitted disease?	1	2	3	4	99
f. The negative or bad impact on (his/her) social life because (he/she) would lose the respect of others?	1	2	3	4	99
g. The moral issues of not having sexual intercourse?	1	2	3	4	99

Q45. Have you asked (recommended) that {CHILD NAME} wait to have sex?

- 3. Yes
- 4. No
- 99 SKIPPED

Q46. How often do you and {CHILD NAME} talk about media messages and images that promote or glamorize teen sexual activity?

- 6 Every Day
- 7 Weekly
- 8 Monthly
- 9 Every few months
- 10 Never
- 100 SKIPPED

E. RELIGIOSITY AND EXPOSURE TO OTHER PREVENTION

The next few questions ask about you!

Q47. These questions are about the role that religious beliefs may play in your life. For each statement, please indicate whether you strongly disagree, disagree, agree, or strongly agree.

a. Your religious beliefs are a very important part of your life.

- 5. Strongly agree
- 6. Agree
- 7. Disagree
- 8. Strongly disagree
- 99. SKIPPED

b. Your religious beliefs influence how you make decisions in your life.

- 5. Strongly agree
- 6. Agree
- 7. Disagree
- 8. Strongly disagree
- 99. SKIPPED

Q48. In the past 12 months, have you seen or heard about any programs or activities in your community aimed at helping children delay sexual activity?

- 3. Yes
- 4. No (SKIP TO Q50)
- 98. DON'T KNOW (SKIP TO Q50)
- 99. REFUSED (SKIP TO Q50)

Q49. Which of the following best describes the kinds of programs or activities in your community aimed at helping children delay sexual activity?

- 6. Educational program during school time at {CHILD NAME}'s school
- 7. After-school program at a community center
- 8. Youth-organized group
- 9. Program at a local church or other place of worship
- 10. Other (specify): _____
- 98. DON'T KNOW (CONTINUE WITH Q50)
- 99. REFUSED (SKIP TO Q50)

[TREATMENT CONDITION RESPONDENTS ON POST-BASELINE SURVEYS WILL COMPLETE SECTION F. FOR THOSE SURVEYS ONLY, SECTION F BELOW WILL BE INCLUDED. ALL OTHER RESPONDENTS/CONDITIONS WILL PROCEED DIRECTLY TO SECTION G.]

F. TREATMENT CONDITION (HIGH AND LOW) MODULE: PSUNC CAMPAIGN EXPOSURE, PARENT AWARENESS, AND PARENT REACTIONS

Q50. Overall Campaign Theme Awareness

- a. What is the primary theme/slogan of the ads you just viewed or heard?
 - 1. Children should wait before engaging in sexual activity
 - 2. Children should wait until marriage before engaging in sexual activity
 - 3. Abstinence
 - 4. Abstinence until marriage
 - 5. Talk to your children about waiting to engage in sexual activity
 - 6. Talk early and often to your children about waiting to engage in sexual activity
 - 7. Other (specify): _____
 - 98. DON'T KNOW (CONTINUE WITH Q51)
 - 99. REFUSED (CONTINUE WITH Q51)

The following questions are about the ad you viewed earlier, entitled “_____.” [FILL IN NAME OF AD.] This was the ad that showed parents talking to their kids about waiting, and then showed the kids when they were grown up.

Q51. Parent message reactions/receptivity (cognitive and affective – likeability, believability)

- a. Indicate how much you agree or disagree with the following statement: This ad is convincing.

Would you say you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. Have no opinion
6. 99 SKIPPED

b. Would you say the ad grabbed your attention?

1. Yes
2. No
8. Don't know
- 99 SKIPPED

c. Would you say the ad gave you good reasons to talk to your kids about sexual activity?

1. Yes
2. No
8. Don't know
- 99 SKIPPED

d. Did you talk to your friends or other adult family members (not your child[ren]) about this ad?

1. Yes
2. No
8. Don't Know
- 99 SKIPPED

e. Did you talk to your child(ren) about the ad?

1. Yes
2. No
8. Don't Know
- 99 SKIPPED

Q52. Would you say this ad said something important to you?

1. Yes
2. No
8. Don't Know
99. SKIPPED

[REPEAT PRECEDING INSTRUCTION AND Q51-52 FOR EACH AD SHOWN IN THE TREATMENT CONDITIONS, FOLLOWED BY THE FOLLOWING 4 QUESTIONS.]

The following questions ask about the messages, logos, and other material in these ads overall

Q53. When you think of these ads you think...

Strongly agree; agree; disagree; strongly disagree; no opinion; SKIPPED

a.).....I can successfully talk to{**CHILD NAME**} about waiting before becoming sexually active

b.).....{**CHILD NAME**} wants me to talk to him/her about waiting before becoming sexual active

c.).....Talking to {**CHILD NAME**} about sexual activity will help him/her be successful in life

d.).....Talking to {**CHILD NAME**} about sexual activity can reduce negative effects of the media and other influences in society

Q54. Please indicate your agreement with each of the following statements:

a. The parents in the PSUNC ads are just like me. Would you say you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion

99 SKIPPED

b. The kids in these ads are just like my kids. Would you say you:

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion

99 SKIPPED

c. If I had a chance, I would tell other parents with teen or pre-teen children to watch these ads.

1. Strongly agree
2. Agree

- 3. Disagree
- 4. Strongly disagree
- 5. No opinion
- 99. SKIPPED

d. These ads would be helpful to other parents like myself.

- 1. Strongly agree
- 2. Agree
- 3. Disagree
- 4. Strongly disagree
- 5. No opinion
- 99. SKIPPED

G. MODERATOR VARIABLES

There are just a few more questions. They are about your media use and background.

Q55. Please answer the following questions about the “www.4parents.gov” website:

a. Have you ever visited the website “www.4parents.gov”?

- 1. Yes (CONTINUE WITH Q55b)
- 2. No (SKIP TO Q56)
- 8. Don’t know (SKIP TO Q56)
- 99 SKIPPED

b. Please indicate which of the following actions you took when you visited the “www.4parents.gov” website (Check all that apply)

YES NO SKIPPED

- 1. Read the overview information on the home page of the site
- 2. Visited the “The Basic Facts” section that provide information about puberty, reproductive health and pregnancy, and risky
- 3. Visited the “Talking with Your Pre-Teen or Teen about Waiting” section that discuss how to have a good relationship with your child and why and how to talk with your teen about waiting to have sex
- 4. Visited the “What Every Parent Needs to Know” section that provide information and conversation starters on what parents should know when communicating with their child about sex
- 5. Visited the “WISE way to Raise Kids” page that discuss how to initiate conversations with your child
- 6. Visited the “Power of Parents” page that discusses the influence of parents in the decisions of their children
- 7. Looked at or downloaded the Parents Speak Up or Teen Chat booklets

Q56. During the past 7 days, on average, how many hours a day did you:

ENTER TIME TO NEAREST HALF-HOUR

1. Watch TV _____?
2. Listen to the radio _____?
3. Browse or surf the Internet _____?
4. Read magazines _____?

Q57. What is your current marital status?

6. Currently married
7. Widowed
8. Divorced
9. Separated
10. Never been married
8. Don't know
- 99 SKIPPED

Q58. Does {CHILD NAME}'s father/mother or a person like a father/mother to {CHILD NAME} live in the home?

- 3 Yes
- 4 No (SKIP TO Q60)
- 99 SKIPPED (SKIP TO Q60)

Q59. What is his/her relationship to {CHILD NAME}?

- 6 Biological father/mother
- 7 Stepfather/mother
- 8 Adoptive father/mother
- 9 Foster father/mother
- 10 Other: _____
- 99 SKIPPED

Q60. Are you currently employed full-time, part-time, or not employed?

4. Full-time
5. Part-time
6. Not employed
8. DON'T KNOW
- 99 SKIPPED

Appendix C

***Federal Register* Notice to the Public**

section 19 of the Shipping Act of 1984 (46 U.S.C. app. 1718) and the regulations of the Commission pertaining to the licensing of Ocean Transportation Intermediaries, 46 CFR part 515, effective on the corresponding date shown below:

License Number: 018678N.

Name: Air Trans Logistics (USA) Inc.

Address: 230–59 Int'l Airport Center Blvd., Suite 190, Springfield Gardens, NY 11413.

Date Revoked: July 26, 2006.

Reason: Failed to maintain a valid bond.

License Number: 014151N.

Name: Continental Consolidating Corporation.

Address: 8507 NW 72nd Street, Miami, FL 33166.

Date Revoked: July 22, 2006.

Reason: Failed to maintain a valid bond.

License Number: 015565N.

Name: International Equipment Logistics, Inc.

Address: 210 East Essex Avenue, Avenel, NJ 07001.

Date Revoked: July 21, 2006.

Reason: Failed to maintain a valid bond.

Sandra L. Kusumoto,

Director, Bureau of Certification and Licensing.

[FR Doc. E6–14720 Filed 9–5–06; 8:45 am]

BILLING CODE 6730–01–P

FEDERAL MARITIME COMMISSION

Ocean Transportation Intermediary License Applicants

Notice is hereby given that the following applicants have filed with the Federal Maritime Commission an application for license as a Non-Vessel—Operating Common Carrier and Ocean Freight Forwarder—Ocean Transportation Intermediary pursuant to section 19 of the Shipping Act of 1984 as amended (46 U.S.C. app. 1718 and 46 CFR part 515).

Persons knowing of any reason why the following applicants should not receive a license are requested to contact the Office of Transportation Intermediaries, Federal Maritime Commission, Washington, DC 20573.

Non-Vessel—Operating Common Carrier Ocean Transportation Intermediary Applicant

Rathbourne Express Inc., 72 East Suffolk Avenue, Central Islip, NY 11722.

Officers: Basil Peat, President (Qualifying Individual), Nichola Peat, Vice President.

Ocean Freight Forwarder—Ocean Transportation Intermediary Applicants

American Pacific Moving Services, Inc., 1500 Industry Street, Suite 300, Everett, WA 98203. Officer: Heino Preissler, Vice President (Qualifying Individual).

Stereo International Retail and Shipping, Inc., 420 Taunton Avenue, East Providence, RI 02914. Officers: Paul J. Santos, President (Qualifying Individual), Suzette F. Santos, Vice President.

Interport Freight Systems, Inc. dba Interport Freight Systems, 12923 Cerise Avenue, Hawthorne, CA 90250. Officer: Robin Vandever, President (Qualifying Individual).

Dated: August 31, 2006.

Karen V. Gregory,

Assistant Secretary.

[FR Doc. E6–14721 Filed 9–5–06; 8:45 am]

BILLING CODE 6730–01–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center Web site at <http://www.ffiec.gov/nic/>.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 2, 2006.

A. Federal Reserve Bank of Atlanta (Andre Anderson, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309:

1. *Smith & Associates Florida Fund LLC, Smith & Associates Fund Management LLC, and Florida Shores Bancorp, Inc.*, all of Pompano Beach, Florida; to become bank holding companies by acquiring 60 percent of the voting shares of Florida Shores Bank – Southeast, Pompano Beach, Florida (in organization).

Board of Governors of the Federal Reserve System, August 31, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6–14692 Filed 9–5–06; 8:45 am]

BILLING CODE 6210–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS–0990–New; 60-day Notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: New collection;

Title of Information Collection: Evaluation of the National Abstinence Media Campaign.

Form/OMB No.: OS–0990–NEW;

Use: The purpose of the data collection and evaluation is to determine the efficacy of the National Abstinence Media Campaign and its messages upon parents, specifically to encourage and help parents talk to their pre-teens and teens about waiting to have sex.

The following outcomes will be examined: perceived risks from teen sexual activity, perceived susceptibility, attitude towards teen sexual activity, self-efficacy to talk to their child, outcome efficacy, perceived value of delayed sexual activity, and parent-child communication about sex.

Frequency: Reporting, Occasion;

Affected Public: Individuals or Households;

Annual Number of Respondents: 947.5;

Total Annual Responses: 3,493.5;

Average Burden per Response: 30 min;

Total Annual Hours: 1,746.75;

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to

Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be received with 60-days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Research and Technology, Office of Information and Resource Management, *Attention:* Sherette Funn-Coleman (0990-NEW), Room 537-H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: August 25, 2006.

Alice Bettencourt,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E6-14667 Filed 9-5-06; 8:45 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator; American Health Information Community Biosurveillance Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the ninth meeting of the American Health Information Community Biosurveillance

Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.).

DATES: September 21, 2006 from 1 p.m. to 5 p.m.

ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090. [Please bring photo ID for entry to a Federal building.]

FOR FURTHER INFORMATION CONTACT: http://www.hhs.gov/healthit/ahic/bio_main.html.

SUPPLEMENTARY INFORMATION: The meeting will be available via Web cast at <http://www.eventcenterlive.com/cfm/ec/login/login1.cfm?BID=67>.

Dated: August 28, 2006.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator.

[FR Doc. 06-7452 Filed 9-5-06; 8:45 am]

BILLING CODE 4150-24-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Quality Workgroup Meeting

ACTION: Meeting announcement.

SUMMARY: This notice announces the first meeting of the American Health Information Community Quality Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.). The Quality Workgroup was created to make recommendations to the American Health Information Community on how HIT can: Provide data for the development of quality measures that are useful to patients and others in the health care industry; automate the measurement and reporting of a comprehensive current and future set of quality measures; and accelerate the use of clinical decision support that will improve performance using quality measures. The workgroup's initial charge will be to make recommendations to the American Health Information Community that specify how certified health information technology should capture, aggregate, and report data for a core set of ambulatory and in-patient quality measures.

Date/Time: September 22, 2006, 11 a.m. to 2 p.m.

ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090. [Please bring photo ID for entry to a Federal building.]

FOR FURTHER INFORMATION CONTACT: <http://www.hhs.gov/healthit/ahic/workgroups.html>.

SUPPLEMENTARY INFORMATION: The meeting will be available via Web cast at <http://www.eventcenterlive.com/cfm/ec/login/login1.cfm?BID=67>.

Dated: August 29, 2006.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

[FR Doc. 06-7453 Filed 9-5-06; 8:45 am]

BILLING CODE 4150-24-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator; American Health Information Community Electronic Health Records Workgroup Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the ninth meeting of the American Health Information Community Electronic Health Records Workgroup in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.).

DATES: September 19, 2006 from 1 p.m. to 4 p.m.

ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090. [Please bring photo ID for entry to a Federal building.]

FOR FURTHER INFORMATION CONTACT: http://www.hhs.gov/healthit/ahic/ehr_main.html.

SUPPLEMENTARY INFORMATION: The meeting will be available via Web cast at <http://www.eventcenterlive.com/cfm/ec/login/login1.cfm?BID=67>.

Dated: August 28, 2006.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator.

[FR Doc. 06-7454 Filed 9-5-06; 8:45 am]

BILLING CODE 4150-24-M

Appendix D

RTI Institutional Review Board Approval Notice

Office of Research Protection and Ethics
Institutional Review Board Notice of Approval
Federalwide Assurance No. 3331

Title of Study: National Abstinence Media Campaign (NAMC) Evaluation
RTI Project Number 0208490.025 **RTI Proposal Number** (if no Project Number)
Project Leader: Doug Evans
Project Team Member Contact (if different from Project Leader): Olivia Ashley
Source of Funding for this Study: Office of Population Affairs, DHHS
Date Submitted to IRB: June 1, 2006

Level of Review (*check one*):

Full ☐ IRB Meeting Date:

Expedited ☒, category: 7: Behavioral - surveys, focus groups, etc.

Type of Review (*check one*):

- ☐ Preliminary review (Do not involve human subjects or data until pretest or full study is approved.)
☒ Pretest/Pilot Test
☐ Full Implementation
☐ Amendment, describe:
☐ Add study site(s):
☐ Renewal
☐ Study Closure

IRB Approval of Special Conditions (*check all that apply*):

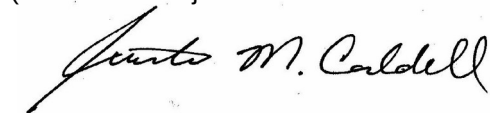
- ☒ Waiver of Signed Informed Consent/Parental Permission
☐ Participation of Pregnant Women (**Worksheet B** submitted by project team)
☐ Participation of Prisoners (**Worksheet C** submitted by project team)
☐ Participation of Minors (**Worksheet D** submitted by project team)
☐ IRB Agreement of Nonsignificant Risk Device Study Determination

Please note the following requirements:

- If **unexpected problems** or **adverse events** occur, the project team must notify the IRB.
- If there are **changes** in study procedures or protocol or any data collection materials (brochures, letters, questionnaires, etc.) the project team must notify the IRB before they are implemented.
- The project team is required to apply for **continuing review** as long as the study is active, which includes participation of human subjects or possession of human data or specimens.

Expiration Date of IRB Approval: June 5, 2007

(No human subjects research can occur after this date without continuing review and approval.)



Signature - IRB Member or Chair

June 5, 2006
Date of IRB Approval

Juesta M. Caddell, PhD
Name - IRB Member or Chair (print or type)

- ☒ Copy sent to project leader on: June 6, 2006
☐ Entered into MIS

Appendix E

Informed Consent Form and Study Descriptions Provided to Respondents

[DISPLAY]

In this survey, we will ask you questions about you and your child. Some of the questions are about sensitive matters and may make some people feel uncomfortable. Before we show you the survey questions, we'd like give you a little more background on the study.

[DISPLAY]

Title of Research: Study About Family Communication

Introduction

You are being asked to participate in a research study. Before you decide whether you want to take part in this study, you need to read this Informed Consent form so that you understand what the study is about and what you will be asked to do. This form also tells you who can be in the study, the risks and benefits of the study, how we will protect your information, and who you can call if you have questions. If you have anything you don't understand before you make your decision, please call Panel Relations at (800) 782-6899 and someone will direct your questions to the appropriate researchers Research Triangle Institute.

[DISPLAY]

Purpose

This study about family communication, paid for by the Office of Population Affairs (OPA), Department of Health and Human Services (DHHS), is being conducted by RTI International, a research organization located in North Carolina, and its subcontractor, Knowledge Networks, located in California. The purpose of this study is to learn about parents' attitudes, beliefs, and communication with their pre-teens about sex. We are conducting a study that will last for approximately 18 months. There will be an initial survey to be followed by 4 additional surveys conducted 4 weeks, 6 months, 12 months, and 18 months after the initial survey. We are inviting you to participate in each of these surveys.

[DISPLAY]

Procedures

If you agree to participate, you will be asked to complete a Web questionnaire at home on a personal computer.

You will be asked questions about things like your attitudes and beliefs about teen sex and family communication about this topic. Your pre-teen doesn't have to be sexually active for you to be in the study. You can skip any question you like. Your participation is entirely voluntary, and you can stop at anytime.

Study Duration

Your participation in the Web survey will take about 24 minutes of your time. There will be 4 additional surveys conducted 4 weeks, 6 months, 12 months, and 18 months after the initial survey. Each additional survey will take about the same amount of time to complete.

[DISPLAY]

Possible Risks or Discomforts

It is possible that some of the survey questions may make you uncomfortable or upset. You can refuse to answer any question. There is a risk that your answers to the questionnaire could be seen by someone other than the project staff, but we promise to do our best to keep this from happening. It is also possible that a family member could view your questionnaire answers on your personal computer while the survey is in progress, which could create family problems. Your name will be replaced with a number for the purposes of this study. After each round of surveys is completed, a summary will be written that contains information from all participants, but no names. The staff conducting this study will not use your name in the report and will keep your answers private.

In addition to the risks and discomforts listed here, there may be uncommon or previously unknown risks. You should report any problems to Panel Relations at (800) 782-6899.

[DISPLAY]

Benefits

Your Benefits

There are no direct benefits to you from participating in this study.

Benefits for Other People

We hope that this research will help us understand more about family communication and improve related programs designed for families.

[DISPLAY]

Payment for Participation

You will receive a total of 20,000 Knowledge Networks bonus points for your participation in this survey and the 4-week and 6-month follow-up surveys. You will receive an additional 10,000 Knowledge Networks bonus point incentive for completion of the 12-month and 18-month follow-up surveys.

[DISPLAY]

Confidentiality

Many precautions have been taken to protect your information. Your name will be replaced with *a number. Other personal information like your address and telephone number will be stored by Knowledge Networks separately from the answers you provide on the questionnaire. Your name, address, and phone number will not be shared with RTI. [Any information you provide will be protected through a number of security measures. HHS will keep your information private except as compelled by law.](#)~~Data will be treated as confidential unless compelled by law.~~

The Institutional Review Board (IRB) at RTI has reviewed this research. An IRB is a group of people who are responsible for assuring that the rights of participants in research are protected. The IRB may review the records of your participation in this research to assure that proper procedures were followed. A representative of the IRB may contact you for information about your experience with this research. This representative will be given your name, but will not be given any of your ~~confidential~~ study data. If you wish, you may refuse to answer any questions this person may ask. In addition, all project staff have signed confidentiality agreements.

[DISPLAY]

Future Contacts

If you choose to participate in this survey, we will contact you to participate in the follow up surveys 4 weeks, 6 months, 12 months, and 18 months from now. If you choose not to participate, we will not contact you in the future.

Your Rights

Your decision to take part in this research study is completely voluntary. You can refuse any part of the study, and you can stop participating at any time. You can refuse to answer any question. If you decide to participate and later change your mind, you will not be contacted again or asked for further information.

[DISPLAY]

Your Questions

If you have any questions about the study, you may call Panel Relations at (800) 782-6899 and someone will direct your questions to the appropriate researchers RTI. If you have any questions about your rights as a survey participant, you may wish to contact the Research Triangle Institute Office of Research Protection and Ethics. If you contact Panel Relations at (800) 782-6899 and indicate that you would like to contact the RTI Office of Research Protection and Ethics, someone will provide you with the appropriate contact information.

Click [here](#) if you would like to see the consent form in its entirety. You may also choose to print it out for your reference later.

[RADIO]

[PROMPT IF SKIP]

Selecting the consent to participate link below indicates that you have read the information provided above, have received answers to your questions, and have freely decided to participate in this research. By agreeing to participate in this research, you are not giving up any of your legal rights.

Please select the appropriate link below.

I consent to participate in the study

I DO NOT consent to participate in the study

Appendix F

Knowledge Networks Security Procedures

Knowledge Networks Participant Privacy and ~~Confidentiality~~Security Policies

Any information collected through the study will be protected through a number of security measures and kept private except as compelled by law.~~All survey data will be treated as confidential unless compelled by law.~~ All Knowledge Networks panels who participate in the study will be given a copy of the Privacy and Term of Use Policy. In the privacy terms, there is a section entitled the “Panel Member Bill of Rights” which summarizes the protections for panelists and explains that participants can decide whether to participate in the panel or to answer any survey questions. The Bill of Rights is also available electronically at all times to panelists via the panel member website. The “Bill of Rights” includes the following text:

- We are researchers, not telemarketers. Here’s what we can promise you:
- We operate under the standards set by the Council of American Research Organizations (CASRO) [www.casro.org] and our website is approved by TRUSTe.
- Your survey responses and information are provided to our clients in an anonymous form, unless you have given your express permission.
- Occasionally, we may contact you to validate responses. We will never misrepresent ourselves, nor what we are doing.
- Your decision about participating in the Knowledge Networks Panel or responding to specific questions will be respected without question.

The terms also explain data security employed by Knowledge Networks. Knowledge Networks uses advanced security measures to protect against the loss, misuse, and alteration of information provided to Knowledge Networks. To enhance data security, Knowledge Networks web server supports SSL (Secure Socket Layer) Encryption security technology and access to the Knowledge Networks database is restricted to portals that only Knowledge Networks controls. In addition, all panel members are required to use passwords and usernames.

Knowledge Networks warrants that all employees are bound to protect the security of all personal information provided by respondents, and very few employees actually have access to any confidential study data. The only staff members who have access to this information—personally identifying information about panel members—are those with a direct need to know. Therefore, the only persons with access are the following:

- Database and IT administrators with access to computer servers for the purpose of maintaining the computers systems at Knowledge Networks;
- Staff members in the Panel Relations department that have direct contact with panel members as part of the inbound and outbound call center operations. These staff members are responsible for troubleshooting any problems panelists might be having with their equipment or software related to survey administration, incentive fulfillment, and panel management.
- Staff members of the Statistics department have access to personally identifying information in order to draw samples for the various surveys we conduct at Knowledge Networks.

All personally identifying records are kept secured in a separate office in the Informational Technology section of the main offices in Menlo Park, CA, and all data transfers from WebTV units and personal computers (both used for survey administration) to the main servers pass through a firewall. Knowledge Networks never provides any respondent personal identifiers to any client or agency without the explicit and informed consent provided by the sampled Panel Members. Unless explicitly permitted as documented in a consent form, no personally identifying information will be provided to any parties outside Knowledge Networks in combination with the survey response data.

All electronic survey data records are stored in a secured database that does not contain personally identifying information. The staff members in the Panel Relations and Statistics departments, who have access to the personally identifying information, do not have access to the survey response data. Meanwhile, the staff members with access to the survey response data, with the exception of the aforementioned database and IT administrators who must have access to maintain the computer systems, do not have access to the personally identifying information. The secured database contains field-specific permissions that restrict access to the data by type of user, as described above, preventing unauthorized access.

The survey response data are identified only by an incremented ID number. The personally identifying information is stored in a separate database that is accessible only to persons with a need to know, as described above. The survey data extraction system exports only anonymized survey data identified only by the Panel Member ID number. The data analysts with access to the survey data extraction system, as they do not have access to personally identifying information, cannot join survey data to personally identifying data. Panel Relations and Statistics staff do not have access to the survey data extraction system, and therefore cannot join survey data to personally identifying data.

As part of its prior work with RTI, Knowledge Networks has implemented Good Clinical Practice guidelines to assure compliance with requirements for systems documentation and privacy of stored survey data. Consequently, a system of standard operating procedures have been put in place for documenting all processes relating to maintaining ~~confidentiality and the~~ privacy of the identities of panel members. Knowledge Networks retains the survey response data in its secure database after the completion of a project. These data are retained for purposes of operational research, such as studies of response rates and for the security of our customers who might request at a later time additional analyses, statistical adjustments, or statistical surveys that would require re-surveying research subjects as part of validation or longitudinal surveys.

Appendix G

Email Notifications

E-mail notification

E-mail Notification

Subject Line: Study About Family Communication

We would like to obtain information about your attitudes and beliefs toward family communication. You are being asked to participate in a research study sponsored by the Office of Population Affairs, Department of Health and Human Services. Your participation in the study is voluntary. The questionnaire will take about 24 minutes to complete. If you choose to participate, please click on the button below.

If you have questions about the study, you may call Dr. Doug Evans at 1-800-334-8571 ext. 2058 (a toll-free number). If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number). If you have questions about your rights as a Knowledge Networks respondent, you may call 1-800-782-6899 (a toll-free number) or e-mail membershipsupport@knowledgenetworks.com

E-mail Reminders

1st E-mail Reminder (3-6 days)

We recently sent you a request to participate in a study about family communication. We'd appreciate your agreement to participate at your earliest convenience by clicking the button below. If you have already responded to this request, thank you and please discard this email.

2nd E-mail Prompt - Custom (7 – 10 days)

We recently sent you a request to participate in a study about family communication. The survey is sponsored by the Office of Population Affairs, Department of Health and Human Services, and the information collected will be used to evaluate family communication programs.

If you have already responded to this request, please accept our sincere thanks and discard this e-mail. If not, we would appreciate your agreement to participate at your earliest convenience by clicking the button below.

If you have questions about the study about family communication, you may call Dr. Doug Evans toll free at 1-800-334-8571 ext. 2058.

Appendix H
PSUNC Efficacy Study Exposure Protocol

PSUNC Efficacy Study Exposure Protocol

1) Session 1 – Baseline Survey

- Participants randomized into experiment conditions
- All participants complete Baseline Survey
- Participants in exposure conditions will view ads immediately following Baseline Survey via online video streaming.
- Ad exposures will be confirmed with a confirmed recall question at the end of this session.
- To increase the success rate of online video streaming, the videos should be made available to KN 4 weeks before the baseline survey starts.
- Once the baseline is complete, participants in exposure conditions will be mailed a DVD that contains the ads (including the video, possibly audio and images). The DVD will allow participants to view the videos if they previously could not view the video through online streaming.

2) Optional Session 2 – Additional exposure session

- Participants under treatment conditions will complete this additional session to view their assigned ads again.
- An email will be sent out (2 weeks after they completed the baseline survey) for the following two purposes:
 - 1) The email will remind respondents that they can view the ads again and as many times as they wish by accessing the DVD they received;
 - 2) The email will provide a unique URL that will allow respondents to access the video using their PC. Data will record how many times each unique URL has been accessed. It is important to note that this unique URL can be forwarded to other individuals (e.g., respondent's friends) for viewing and KN will not be able to distinguish the difference.

3) Session 3 – 1st Follow Up Survey (4 weeks after baseline survey)

- Participants under treatment conditions will again view their assigned ads immediately before the Follow Up Survey. The ads will be shown at the beginning of the survey session prior to any survey questions. In the event that the video streaming is not successful, respondents will be asked to play the video on their DVD player.
- All participants (all exposure conditions combined) complete 1st Follow Up Survey
- Follow Up Survey will include a few brief questions to measure how many times the respondent viewed the materials prior to the follow-up survey and whether they were viewed in a clear, audible way.

Appendix I

Knowledge Networks Panel Recruitment Methodology

Knowledge Networks Panel Recruitment Methodology

Participants in the Knowledge Networks panel are first selected using list-assisted random-digit-dialing (RDD) telephone methodology, providing a probability-based starting sample of U.S. telephone households. The panel sample is then adjusted to match U.S. Census demographic benchmarks to reduce error due to non-coverage of non-telephone households and to reduce bias due to non-response and other non-sampling errors. Knowledge Networks excludes only those banks of telephone numbers (consisting of 100 telephone numbers) that have zero directory-listed phone numbers. Knowledge Networks' telephone numbers are selected from the 1 or more banks with equal probability of selection for each number. The sampling is done without replacement to ensure that numbers already fielded by Knowledge Networks do not get fielded again. Having generated the initial list of telephone numbers, the sample preparation system excludes confirmed disconnected and non-residential telephone numbers. Next, the sample is screened to exclude numbers that are not in the WebTV Internet Service Provider network. This process results in the exclusion of approximately 6% to 8% of the United States population. This percentage is diminishing steadily, and as of July 2001, Knowledge Networks will begin to include a small sample from out of the WebTV Internet Service Provider network in the panel to represent these areas and reduce coverage error. The sample frame is updated quarterly. Telephone numbers for which Knowledge Networks is able to recover a valid postal address (about 50%) are sent an advance mailing informing them that they have been selected to participate in the Knowledge Networks Panel. In addition to information about the Knowledge Networks Panel, the advance mailing also contains a monetary incentive to encourage cooperation when the interviewer calls. Following the mailing, the telephone recruitment process begins. The numbers called by experienced interviewers consist of all numbers sent an advance mailing, as well as 50% of the numbers not sent an advance mailing. The resulting cost efficiency more than offsets the decrease in precision caused by the need for sample weights. Cases sent to telephone interviewers are dialed up to 90 days, with at least 15 dial attempts on cases where no one answers the phone, and 25 dial attempts on phone numbers known to be associated with households. Extensive refusal conversion is also performed. An interview, which typically requires about 10 minutes, begins with the interviewer informing the household member that they have been selected to join the Knowledge Networks Panel. Household members are told that in return for completing a short survey weekly, the household will be given a WebTV set-top box and free monthly Internet access. All members in the household are then enumerated, and some initial demographic variables and background information of prior computer and Internet usage are collected. Once participants are recruited into the panel, they can be contacted by e-mail (instead of by phone or mail) to participate in any number of studies.

Households already having Internet access are permitted to use their own Internet-connected computers for self-administration of interviews. In contrast, each non-Internet household is provided with identical hardware for survey administration. Microsoft's WebTV is the hardware platform currently used by the Knowledge Networks panel. The device consists of a set-top box that connects to a TV and the telephone. It also includes a remote keyboard and pointing device. WebTV has a built-in 56K modem that provides the household with a connection to the Internet. The base unit also has a small hard drive to accommodate large file downloads, including video files. File downloads do not require any user intervention and usually occur during off hours. Prior to shipment, each unit is custom configured with individual e-mail accounts, so that it is ready for immediate use by the household. Most households are able to install the hardware without additional assistance, though Knowledge Networks maintains a telephone technical

support line and will, when needed, provide on-site installation. The Knowledge Networks Call Center also contacts household members who do not respond to e-mail and attempts to restore contact and cooperation.

All new panel members are sent an initial survey to confirm equipment installation and familiarize them with the WebTV unit. Demographics such as gender, age, race, income, and education are collected for each participant to create a member profile. This information can be used to determine eligibility for specific studies and need not be gathered with each survey. Starting in August 2002, Knowledge Networks began oversampling households that have pre-existing, home-based Internet access, allowing these households to participate in the Web-enabled panel using their own equipment and Internet access. These panel members are enrolled into a panel loyalty program intended to encourage long-term participation in the research panel. The above Knowledge Network's procedures are in place prior to this information collection and are not part of the public burden associated with this collection. This approach also reduces burden placed on participants, since e-mail notification is less obtrusive than telephone calls, and most respondents find answering Internet questionnaires to be more interesting and engaging than being questioned by a telephone interviewer.